

POLICY AND PROCEDURE (P&P) | PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Applicable Regulations and Standards: Pharm Core 15, 16, 37, CSCD 1, 12, PM 17

IRVING PHARMACY shall honor patient rights and responsibilities and inform the patients of their rights and responsibilities in the care process. Patients will receive a written copy of Patient's Rights and Responsibilities at the time of the initial order shipment. IRVING PHARMACY staff will be trained in reviewing Patient Rights and Responsibilities with the Patient/Caregiver and will ensure understanding of these rights and responsibilities. If the patient/caregiver cannot read the statement of rights and responsibilities, an offer will be made to read it the patient/caregiver or offer a translator to provide this service in a language the patient/caregiver understands. **[CSCD 12 (a, d-i, ii, iii, iv)]**

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

To ensure the finest care possible, as a Patient receiving our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

Patient Rights [PHARM Core 37]

- To select those who provide you with DME and Pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- To express concerns, grievances, or recommend modifications to your DME and Pharmacy services, without fear of discrimination or reprisal
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans **[CSCD 1 (c-ii)]**
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recall **[CSCD 1 (c-iii)]**

- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law [PHARM Core 15 (a-c)] [PHARM Core 16 (a-f)]
- To receive information on how to access support from consumer advocates groups [CSCD 1 (b-vi)]
- To Receive pharmacy health and safety information to include consumers rights and responsibilities [CSCD 1 (c-iv)]
- To know about philosophy and characteristics of the *patient management* program [PM 17 (a)]
- To have *personal health information* shared with the *patient management* program only in accordance with state and federal law [PM 17 (b)]
- To identify the *staff* member of the program and their job title, and to speak with a supervisor of the *staff* member if requested [PM 17 (c)]
- To receive information about the *patient management* program [PM 17 (d)]
- To receive administrative information regarding changes in or termination of the *patient management* program [PM 17 (e)]
- To decline participation, revoke consent or disenroll at any point in time [PM 17 (f)]

Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of Irving Pharmacy personnel
- To notify your Physician and Irving Pharmacy with any potential side effects and/or complications [CSCD 1 (c-v)]
- To Notify IRVING PHARMACY via telephone when medication supply is running low so refill maybe shipped to you promptly [CSCD 1 (b-ii, iii)]
- To submit any forms that are necessary to participate in the program to the extent required by law [PM 17 (g)]
- To give accurate clinical and contact information and to notify the *patient management* program of changes in this information [PM 17 (h)]
- To notify their treating *provider* of their participation in the *patient management* program, if applicable [PM 17 (i)]

If you have questions, concerns or issues that require assistance, please call 1-888-609-8730. Complaints will be forwarded to management and you will receive a response within 5 business days.