

Patient's Bill of Rights and Responsibilities**PATIENTS RIGHTS**

As a patient with **MedScripts Medical Pharmacy**, you have the right to:

1. Be fully informed at the time of admission or before the start of treatment of your rights and responsibilities.
2. Receive considerate and respectful care regardless of age, race, color, sex, national origin or whether or not an Advanced Directive has been executed. This applies to you and your property.
3. Know about the philosophy and characteristics of your patient management program.
4. Identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
5. Receive information about the patient management program.
6. Be free from verbal, physical, and psychological abuse and to be treated with dignity.
7. A review of your medical insurance before you begin home therapy. You have the right to review and receive an explanation of your bill, including the expected sources of payment. As with other health care services, you may be responsible for certain charges related to your home therapy. You have the right and responsibility to discuss your need for a special payment plan with members of the company's Reimbursement Department.
8. Review your medical records, at any reasonable time, with the permission of your doctor.
9. Receive administrative information regarding changes in or termination of the patient management program.
10. Participate in developing your plan of care and discharge plan; to be informed of all services the agency provides; when and how services will be provided, and the name and function of any person and affiliated agency providing care and services.
11. Receive training in the prescribed home therapy. The reason for its use, and any possible side effect related to the use of drugs, supplies, and equipment will be explained. Written instruction, demonstrations, and supervision by a registered nurse will be provided, until you are able to repeat the required tasks safely.
12. Receive supplies and equipment delivered at a time that is mutually acceptable to you and the Pharmacy.
13. Access the Pharmacy staff as needed. Ongoing care includes both direct and indirect care by staff experienced in the therapy you receive. This includes 24 hour access to nursing staff and/or Pharmacy staff.
14. Privacy including confidential handling of all your medical records and to refuse release of records to any individual outside the agency, except in the case of transfer to another health facility, and as otherwise provided by law or third party payer contract.
15. Refuse treatment, to the extent permitted by law, after being fully informed of the results of such a decision.
16. Lodge a complaint to the Pharmacist and expect an answer to any complaints or concerns you discuss with the company within the time frame required by the carrier, but not more than 5 business days following the complaint without concern of discrimination or reprisal. If after continued discussion you are still not satisfied, several applicable hotlines are available to lodge a complaint investigation.
17. Formulate an Advanced Directive.
18. These rights pertain to the legal guardian if the patient is legally incompetent or a minor, according to state law.
19. Furthermore, as a patient you can expect:
 - That your reports of pain will be believed;
 - Information about pain and pain relief measures;
 - A concerned staff committed to a pain management plan; and
 - Health professionals who respond quickly to pain.
 - Effective pain management.
20. The patient has the right to have any person of their choosing be a part of the pharmacy consultation or care planning.
 - ❖ **If you are in the state of CT** and you have a concern that an error may have occurred in the dispensing of your prescription you may contact the Department of Consumer Protection, Drug Control Division, by calling 1-860-713-6065.
 - ❖ **If you are in the state of FL** call Home Health Hot Line 1-888-419-3456, if you need to resolve any complaints or need questions answered regarding a Home Health Agency. Hours of operation: 8:00 a.m. to 5:00 p.m. Monday through Friday except holidays.
 - ❖ **If you are in the state of FL** and need to report abuse, neglect or exploitation: **24 Hour Hot Line 1-800-96A-BUSE (1-800-962-2873)**
 - ❖ **If you are in the state of TX** and need to report abuse, neglect or exploitations: Abuse Hotline: 800-252-5400
 - ❖ **If you are in the state of SC** call for Home Health complaints: 803.545.4370 or <http://www.scdhec.gov/Health/FindingQualityHealthcare/FileaComplaint/FileaComplaint-AllOtherHealthcareFacilities/>

❖ **Accreditation Commission for Health Care: 1-919-785-1214**

The products and/or services provided to you by Pharmacy are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations § 424.57(c). These standards concern business professional and operational matters. The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of these standards.

The products and/or services provided to you by Pharmacy are subject to Florida Patient's Bill of Rights and Responsibilities shown at Florida Statutes § 381.026. The full text of this statute can be obtained at <http://www.leg.state.fl.us/statutes/>. Upon request we will furnish you a written copy of these rights and responsibilities.

Patient's Bill of Rights and Responsibilities

PATIENT'S RESPONSIBILITIES

You have the responsibility to:

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, insurance coverage and other issues pertinent to your therapy.
2. Once you have been introduced to our Pharmacy and patient management program, to carry out your therapy as instructed, to maintain a safe home setting for the storage and proper use of your medications, and to be available/return calls to Pharmacy staff to discuss response and tolerance of therapy.
3. Notify the Pharmacy's nurse or pharmacist of side effects, or significant changes in your medical condition.
4. Participate in planning your care.
5. Request more information about anything you do not understand, including billing questions.
6. Notify the Pharmacy if you are admitted to the hospital, if the doctor stops your therapy, or if you plan to travel while receiving therapy.
7. Submit any forms that are necessary to participate in the program, to the extent required by law.
8. Notify your treating *provider* of their participation in the *patient management* program, if applicable.
9. Pay certain charges should they not be covered by your insurance, and/or arrange special payment plans as needed.
10. Voice complaints/concerns to the pharmacist of the home care company's service center.
11. As a patient of this Pharmacy, we expect that you will:
 - Ask your pharmacist what to expect regarding pain and pain management;
 - Discuss pain relief options with a pharmacist;
 - Work with you pharmacist and/or nurse to develop a pain management plan;
 - Ask for pain relief when pain first begins;
 - Help your health care professionals assess your pain;
 - Tell your pharmacist if the pain is not relieved; and
 - Discuss your concerns regarding the use of pain medication.