

# PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

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To ensure the finest care possible, as a patient receiving durable medical equipment (DME) and our pharmacy services, you, the customer, should understand your role, rights and responsibilities involved in your own care plan.

## **Patient's Rights: as a patient of Medical Park Pharmacy, you have the right to:**

- 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/mental handicap
- To be treated with friendliness, courtesy and respect by each and every individual representing Medical Park 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 healthcare provider, or the termination of services from Medical Park Pharmacy.
- To express concerns, grievances, or recommendations for 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, and risk of treatment or care plans
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed of our pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof in a private and confidential manner
- 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

## **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 cancellations of scheduled appointments and/or treatments
- To participate in the development and updating of your individual plan of care
- To communicate whether or not you clearly comprehend the course of treatment and the 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 property and rights of the staff of Medical Park Pharmacy
- To notify your physician and the pharmacy with any potential side effects, complications, or any other problems relating to services received from Medical Park Pharmacy

**I have read and understand my rights and responsibilities as a patient/client of Medical Park Pharmacy. I have been given the opportunity to ask questions about any of the above rights and responsibilities, as well as any other terms or conditions of my treatment that I am aware of at this time but do not understand, and have had those questions answered to my satisfaction.**

**Patient Signature** \_\_\_\_\_