

Patient Bill of Rights and Responsibilities

Patients of Prescription Mart Pharmacy have the right to:

1. Be fully informed in advance about services/care to be provided.
2. Be treated with dignity, courtesy, and respect as a unique individual.
3. Be able to identify and or ask any company representatives for their name and job title, speak with a pharmacist if requested, and to speak with a manager or supervisor.
4. Choose a healthcare provider.
5. Receive information about the scope of care/services that are provided by the company as well as any limitations to the company's care/service capabilities.
6. Receive, upon request, evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
7. Coordination and continuity of services from the company, timely response when care, treatment, services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge.
8. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
9. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
10. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
11. Receive information regarding your order status. Patients or caregivers can call Prescription Mart Pharmacy at [800.713.1230](tel:800.713.1230) and speak with a pharmacy employee.
12. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the

possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.

13. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts) and to only have patient information shared in accordance with the law.
14. If desired, to be referred to other health care providers within an external health care system (ex. dietician, pain specialist, mental health services, etc.). Patient may also be referred back to their own prescriber for follow up.
15. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law, and as specified in the company's policies and procedures.
16. Express dissatisfaction/concerns/complaints for lack of respect, treatment, or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call the Company, ask for an employee's name, job title, and/or speak with an employee's supervisor, pharmacist, pharmacy manager or Director of Clinical Services.
17. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
18. Be informed of any financial relationships of the pharmacy.
19. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co-pay and patient assistance programs, or health plan programs.
20. Be advised of pharmacy number, for after hours as well as normal business hours:
Prescription Mart Pharmacy: [800.713.1230](tel:800.713.1230)
Monday through Friday: 7 AM to 6 PM CST; Saturday: 8 AM to 1 PM CST
21. Be advised of any change in the plan of service before the change is made.
22. Participate in the development and periodic revision of the plan of care/service.
23. Receive information in a manner, format and/or language that you understand.
24. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
25. Be fully informed of your responsibilities.
26. Have the right to decline participation, revoke consent or disenrollment in any services at any point in time.

27. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
28. Be informed of patient's rights under state law to formulate an Advanced Directive, if applicable.

Patients have the Responsibility to:

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your use of Prescription Mart Pharmacy.
2. Adhere to company policies and procedures.
3. Submit any forms necessary to participate in the pharmacy, to the extent required by law.
4. Agree to contact our office at least 7 – 10 days prior to needing your medication refill.
5. Participate in the development of an effective plan of care/treatment/services.
6. Ask questions about your care, treatment, and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Be available to receive medication deliveries and coordinate with the company during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Promptly settle unpaid balances except where contrary to federal or state law.
15. Notify pharmacy of change in prescription or insurance coverage.
16. Notify pharmacy immediately of address or telephone changes, temporary or permanent.