

Rochester Health Mart Pharmacy

176 Virginia Ave Third Floor

Rochester Pa, 15074

T: 1-888-498-5438 1-(724)-987-6085

F: 1-(724)-987-6084

Patient Rights

- You have the right to be fully informed *in advance* about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- You have the right to be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- You have the right to get important information about your care appropriate to your age, understanding and language (If you have vision, speech, hearing and/or other impairments, we can provide support to ensure your needs are met)
- You have the right to attain information pertaining to the scope of services that the organization will provide and specific limitations on those services
- You have the right to receive administrative information regarding changes in or termination of the patient management program.
- You have the right to participate in the development and periodic revision of the plan of care
- You have the right to refuse care or treatment after the consequences of refusing care or treatment are fully presented
- You have the right to be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- You have the right to have your property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- You have the right to be able to identify visiting personnel members through proper identification
- You have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- You have the right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- You have the right to confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- You have the right to be advised on agency's policies and procedures regarding the disclosure of clinical records
- You have the right to choose a health care provider, including choosing an attending physician, if applicable
- You have the right to receive appropriate care without discrimination in accordance with physician orders, if applicable

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- You have the right to be informed of any financial benefits when referred to an organization
- You have the right to be fully informed of one's responsibilities
- You have the right to speak with a health professional
- You have the right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested

You have the right to decline participation, revoke consent, or disenrollment at any point in time.

Patient Responsibilities

- You are responsible for providing as much information about your health and medical history as possible, including your other medications, vitamins, herbs, supplements and allergies
- You are responsible for asking questions, especially if you do not understand or need more information
- You should treat our staff with courtesy and respect
- You should actively participate in your care and follow the instructions for taking medication as directed. You are responsible for the outcomes of not following your plan of care
- You are responsible for meeting your financial responsibility
- You are responsible for immediately communicating any side effect to your pharmacist or prescriber.
- You are responsible for storing your medications appropriately
- You are responsible for disposing unused medication by a safe method. Included in this packet is a pamphlet describing how to dispose of the medication properly. (Our pharmacists can provide instructions for disposal if necessary)
- You are responsible for submitting any form that is necessary to participate in the program, to the extent required by law.
- You are responsible for giving accurate clinical and contact information and to notify the patient management program of changes in this information.

You are responsible for notifying your treating provider of your participation in the patient management program, if applicable.

Complaint Procedure

1. You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. Call the company corporate office at 1-888-498-5438 to speak with the Director of pharmacy during regular business hours or the

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company representative if you are calling outside of regular business hours, including weekends and holidays.

2. The formal grievance procedure of Rochester Health Mart Pharmacy ensures that your concerns/complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.
3. If you feel the need to discuss your concerns, dissatisfaction or complaints with a party other than the Rochester Health Mart Pharmacy staff, please file a complaint with the Pennsylvania Board of Pharmacy complaints division. The hours of operation are Monday through Thursday 8:30 a.m. to 4:30 p.m. The telephone number is 717-783-7156 or you can email ST-PHARMACY@pa.gov

After-Hour Services:

Rochester Health Mart Pharmacy's normal business number 1-(724)-987-6085, you will hear prompting to direct them to the appropriate line of after hour business. A pharmacist will return your call within thirty minutes. We are available 24 hours/7 days a week. You may leave a message for non-urgent matters or refill request at the Toll free number 1-(888)-498-5438 at any time by following designated prompts.

Your Right to Privacy

This information describes how your medical information may be used and disclosed, and how you can access to this information. **Please read carefully.**

Rochester Health Mart Pharmacy is committed to protecting the privacy of all customers we serve. Rochester Health Mart Pharmacy treats all personal health information (PHI), individually-identifiable health information (IIHI) as confidential. There are times; however, when we are permitted by the Health Insurance Portability and Accountability Act (HIPAA) to share your personal health information with other entities. They are:

- When authorized by you
- When it is required or permitted by law
- When necessary to perform treatment, health care operations or process payments

Rochester Health Mart Pharmacy receives personal health information in a number of ways. It may be received directly from you through prescription orders, survey responses or by calls placed to our Customer Service Department or clinical staff. At any time, you can request information as to whom and when Rochester Health Mart Pharmacy has shared or exchanged your PHI/IIHI.

At times, Rochester Health Mart Pharmacy, may receive, send or exchange personal health information with other entities including physicians, medical groups, retail pharmacies, health plans, pharmacy product manufacturers and benefit plan sponsors, primarily for these reasons:

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1. **For Treatment.** Rochester Health Mart Pharmacy may contact your physician to verify information on a prescription. Treatment can also include other services; such as refill reminders.
2. **To Process Claims for Payment.** Rochester Health Mart Pharmacy may use your personal health information to process a claim for payment to your insurance carrier.
3. **To Perform Health Care Operations.** Rochester Health Mart Pharmacy may use your personal health information in the Rochester Health Mart Pharmacy day to day operation. Activities may include training, auditing, formulary, management of the business, administrative activities, and quality improvement activities. In these cases, the results are presented in a summary format and will not identify you as an individual.
4. **Prescription History.** Rochester Health Mart Pharmacy may review your individual prescription history in order to offer related products that may be of interest to you. These offers are sent or given to you in the form of a flyer.
5. **Government Agencies or Legal Firms.** There may be times when Rochester Health Mart Pharmacy is required to share or exchange personal health information with government agencies or legal firms to comply with subpoenas, to prevent fraud, or to protect public health and safety.

Rochester Health Mart Pharmacy Protects your Information. Rochester Health Mart Pharmacy has security procedures in place to protect your PHI/IIHI; it is only seen by authorized individuals who have a need to see it. Your information is protected in locked cabinets in a secure setting. Our computers are protected by network security, passwords and data encryption for electronic transmissions. Only authorized staff who require this information to perform specific job tasks are permitted access to it. If any staff violates Rochester Health Mart Pharmacy's privacy policies, they are subject to disciplinary action.

You Can Restrict Disclosure. It's your Right. Every customer has the right to confidentially view his/her own PHI such as prescription claims history. You can also request that Rochester Health Mart Pharmacy not share your PHI/IIHI with certain entities or individuals by writing a "request to restrict disclosures" to Compliance Officer of Rochester Health Mart pharmacy. Rochester Health Mart Pharmacy is not required to agree to a requested restriction; and you cannot restrict the sharing of information that is necessary for treatment, payment or health care operations. Upon written request, you can also revoke a previously written authorization. If you believe that your privacy rights have been compromised, Rochester Health Mart Pharmacy's clinical staff or Owner can assist you. If Rochester Health Mart Pharmacy cannot resolve your concern, the Department of Health and Human Services in your area can assist you.

Rochester Health Mart Pharmacy is bound by law to abide by this notice and to maintain the privacy of PHI. Rochester Health Mart Pharmacy reserves the right to change this notice; and changes will apply to all PHI maintained at Rochester Health Mart Pharmacy. If Rochester Health Mart Pharmacy makes any changes to this privacy policy, updates will be posted on location.

1. Rochester Health Mart Pharmacy may disclose patient PHI/IIHI in a Limited Data Set for purposes of research, public health, or healthcare operations. In disclosing PHI in a Limited Data Set, Rochester Health Mart Pharmacy should enter into a Data Use Agreement with the recipient of the Limited Data Set and should comply with the other requirements of the HIPAA Privacy Rule governing Limited Data Sets.

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2. Rochester Health Mart Pharmacy may use patient PHI/IIHI to create a Limited Data Set or it may disclose patient PHI to a Business Associate for such purpose, whether or not the Limited Data Set will be used by Rochester Health Mart Pharmacy.
3. In creating a Limited Data Set, Rochester Health Mart Pharmacy should exclude the following direct identifiers of the patient or of relatives, employers, or household members of the patient:
 - a. Names;
 - b. Postal address information, other than town, city, state or zip code;
 - c. Telephone numbers;
 - d. Fax numbers;
 - e. Electronic mail addresses;
 - f. Social Security numbers;
 - g. Medical record numbers;
 - h. Health plan beneficiary numbers;
 - i. Account numbers;
 - j. Certificate / license numbers;
 - k. Vehicle identifiers and serial numbers, including license plate numbers;
 - l. Device identifiers and serial numbers;
 - m. Web Universal Resource Locaters (URLs);
 - n. Internet protocol (IP) address numbers;
 - o. Biometric identifiers, including fingerprints and voice prints; and
 - p. Full-face photographic images and any comparable images.
4. In creating a Limited Data Set, Rochester Health Mart Pharmacy should comply with the Minimum Necessary Rule by limiting the patient PHI/IIHI to that information that is reasonably necessary to accomplish the purpose for which the Limited Data Set is created.
5. Rochester Health Mart Pharmacy should include the birth date of a patient only where the researcher and Rochester Health Mart Pharmacy agree that such information is needed for the research.
6. Before disclosing PHI/IIHI in a Limited Data Set, Rochester Health Mart Pharmacy should enter into a Data Use Agreement in the form approved by legal counsel.
7. Before disclosing patient PHI/IIHI in a Limited Data Set, Rochester Health Mart Pharmacy should determine that the recipient will use and disclose the Limited Data Set for research, public health, or healthcare operations.

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8. Rochester Health Mart Pharmacy is not required to track and account for any disclosures of PHI in a Limited Data Set under the patient's right to obtain an accounting of disclosures.
9. If Rochester Health Mart Pharmacy learns of a pattern of activity or practice of the Limited Data Set recipient that constitutes a material breach or violation of the Data Use Agreement, Rochester Health Mart Pharmacy should take reasonable steps to cure the breach or end the violation, as applicable. If such reasonable steps are unsuccessful, Rochester Health Mart Pharmacy should:
 - a. Discontinue disclosure of PHI/IIHI to the recipient; and
 - b. Report the problem to the Secretary of the Department of Health and Human Services.