

Patient's Rights and Responsibilities

As a patient, you have the responsibility to:

- Give accurate and complete health information.
- Provide a safe environment for your healthcare providers
- Inform your Pharmacy Provider of when you will not be able to keep a scheduled health care visit.
- Participate in the development and update of, your plan of care.
- Adhere to your developed/updated plan of care.
- Request further information concerning anything you do not understand.
- Give information, regarding concerns or problems to Pharmacy Provider staff member.
- Agree to notify your provider of any hospitalization or change in customer insurance, address, telephone number, and physician or when the need for rental equipment is no longer needed.
- Protect rental equipment and pumps as to prevent damage or loss.
- Care for rental equipment and pumps according to the manufacturer's recommendations.
- Return rental equipment and pumps including all accessories at time of discharge and/or when it is no longer in use.

Patient has the right to:

- Be informed of the services offered to you by your pharmacy provider.
- Be fully informed in advance of all of your rights and responsibilities for receiving services.
- Receive a timely response from your pharmacy regarding your request for services in the alternative care setting.
- Be admitted for service only if your Pharmacy provider can provide safe, appropriate and professional care at the level of intensity needed relating to physician orders.
- Be given information on your pharmacy provider's policies and procedures as well as charges for services, including your coverage or non-coverage of services, prior to care.
- Change your provider after services have begun within limits of your health insurance, medical assistance or other health regimens or requirements.
- A coordinated transfer of services when there will be a change.
- Properly trained personnel to perform assigned tasks, with proof upon request of education/training qualifications of the staff providing your care.
- Be able to identify delivery personnel through proper identification and be aware that delivery personnel whether employed or contracted with pharmacy is educated on safety measures where resident resides.
- Be given appropriate and professional quality health care services without discrimination against your race, national origin, religion, sex, sexual preference, disability, age, diagnosis or disease state.
- Care that is considerate of your personal cultural and ethnic preferences be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient/resident property.
- Be advised in advance of the discipline and frequency of services; be involved in the development of a plan of care that will meet your unique health needs.
- Receive appropriate instruction and education regarding the plan. With regular assessments and update of such plan.
- Be given coordinated care.
- Be free from chemical and physical restraints except as authorized in writing by a physician.
- Participate in discussions on ethical issues concerning your care, and be involved in decisions to withhold resuscitation, and or forgo / withdraw life sustaining care.
- Be informed of the name of the person supervising the care, and how to contact that person
- Privacy and confidentiality of all records, communications, and personal information as stated in the Notice of Privacy Practices.
- The receipt of a privacy notice.
- Review all of your health records upon request, unless otherwise indicated by physician or state law. If allowed by state law, you have the right to copy your records upon request and at reasonable cost.
- Be informed in a reasonable time, of anticipated termination of service or plans for transfer to another provider.
- Refuse all or part of your care and to be informed of the expected outcome of such action.
- Be referred elsewhere if denied services based solely on your inability to pay.
- Receive a written explanation if denied service for any reason and, be given information regarding needed community resources upon request.
- Access a directory of other licensed agencies or providers of service.
- Voice a grievance/complaint regarding treatment or care, that was (or failed to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of your pharmacy provider and in doing so will not be subjected to discrimination or reprisal.
- Voice a complaint with, and/or suggest a change in health care services and/or staff without being threatened, restrained, or discriminated against.
- Outcome and follow-up action by your pharmacy provider will communicated verbally to patient/caregiver within 72 hours or the third business day after a holiday or weekend day from initial complaint.
- Any complaints may be addressed to:

PharmcareUSA Attn: Corporate Compliance Officer
Box 70 Hydro, OK 73048
Phone: 866-219-3619

With the expectation that the complaint will be handled confidentially, or you may voice any complaint to: State Board of Pharmacy of the State you are residing in or when applicable, The Accreditation Commission for Healthcare (ACHC) at www.achc.org or 919-785-1214