

Patient Bill of Rights and Responsibilities

Equitas Health Pharmacy strives to provide the finest care possible. As a patient receiving services at Equitas Health Pharmacy, you should understand your rights and responsibilities.

Your Rights

1. To select those who provide you with Durable Medical Equipment (DME) and pharmacy services.
2. To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex/gender, race, religion, ethnic origin, sexual preference or physical or mental handicap.
3. To be treated with kindness, courtesy and respect by each and every individual representing Equitas Health Pharmacy and be free from neglect or abuse, be it physical or mental.
4. To assist in the development and preparation of your plan of care that is designed to satisfy your current needs as best as possible.
5. 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 health care provider, or the termination of services.
6. To express concerns, grievances, or recommend modifications to your DME and pharmacy services, without fear of discrimination or reprisal.
7. To request and receive current, evidence-based information relative to your condition, treatment, alternative treatments, risks and/or side effects related to treatment, or care plans.
8. To receive treatment and services within the scope of your plan of care, efficiently and professionally, while being fully informed as to Equitas Health Pharmacy's policies, procedures, and charges or fees.
9. To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality.
10. To be given information as it relates to the use and disclosure of your plan of care.
11. To have your plan of care remain private and confidential, except as required and permitted by law.
12. To receive instructions on handling drug recalls.
13. To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI); PHI will only be disclosed in accordance with state and federal law, including disclosure of PHI with regard to the Patient Management Program.
14. To receive information on how to access support from consumer advocates groups.
15. To receive pharmacy health and safety information to include consumers rights and responsibilities.
16. To know about philosophy and characteristics of the Patient Management Program
17. To have Personal Health Information (PHI) shared with the Patient Management Program only in accordance with state and federal law.
18. To identify the program's staff members, including their job title, and to speak with the staff member's supervisor if requested.
19. To speak to a health professional.
20. To receive information about the Patient Management Program.
21. To receive administrative information regarding changes in or termination of the Patient Management Program.
22. To decline participation, revoke consent or dis-enroll from the Patient Management Program at any point in time.

Your Responsibilities

1. To provide Equitas Health Pharmacy accurate and complete information regarding your past and present medical history and medication therapy.
2. To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
3. To participate in the development and updating of a plan of care.
4. To communicate whether you clearly comprehend the course of treatment, administration of treatment, and the plan of care.
5. To comply with the plan of care and any clinical instructions provided by Equitas Health Pharmacy to help achieve therapeutic success and positive clinical outcomes.
6. To accept responsibility for your actions and potential outcomes thereto if refusing treatment or not complying with the prescribed treatment and services.
7. To respect the rights of Equitas Health Pharmacy's personnel.
8. To notify both your treating physician and Equitas Health Pharmacy with any potential side effects and/or complications related to medication therapy.
9. To notify Equitas Health Pharmacy staff via telephone, email, or by use of the Equitas Health Pharmacy mobile application when your in-home medication supply is running low so refills may be processed promptly for either pick-up or delivery. You should contact Equitas Health Pharmacy staff for a refill no later than 5–7 days before running out of medication.
10. To submit any forms that are necessary to participate in the program to the extent required by law.
11. To give accurate clinical and contact information and to notify the Patient Management Program of changes in this information.
12. To notify your treating provider/physician of your participation in the Patient Management Program, if applicable.

Adverse Events or Side Effects

Call 911 or go to your local emergency room in the event of a medical emergency. Contact our pharmacists, our after-hours service clinicians, or your prescriber if you experience any side effects or adverse events related to your medication. Some side effects or adverse events can be life-threatening. That's why it's important to notify us or your prescriber as soon as any side effects are noticed.

Questions/Comments/Concerns/Complaints

If you have any questions about our pharmacy or any of the services we provide, please contact your Equitas Health Pharmacy. We are available during normal business hours to handle your comments, questions, and concerns. It is important for you to call us immediately if you suspect any medication errors. We will address your concerns as quickly as possible. Your safety and health is our top priority.

We appreciate your feedback. We encourage you to contact our pharmacy team with your concerns. We will handle your concerns professionally and privately. You can call or stop in to tell us about your concerns. You may also fill out the form attached to the back of this packet to submit your complaint in writing. Email or send the form to your Equitas Health Pharmacy. We take all complaints seriously. We will work to find a resolution.