

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, gender identity, sexual preference or physical or mental handicap.
3. To have property and person treated with kindness, courtesy, consideration and respect by each and every individual representing Equitas Health Pharmacy.
4. To be free from mistreatment, neglect or abuse, be it physical, verbal, sexual or mental. This includes injuries of unknown source and misappropriation of patient property.
5. To assist in the development, revision and preparation of your plan of care that is designed to satisfy your current needs as best as possible.
6. To be provided with adequate information from which you can give your informed consent for commencement of services, including other healthcare professionals that provide care and the frequency of visits, the continuation of services, the transfer of services to another health care provider, or the termination of services. You are entitled to receive information about the scope of services the organization provides as well as any specific limitation on those services.
7. To express concerns, grievances, or recommend modifications to your DME and pharmacy services, without restraint, interference, coercion or fear of discrimination or reprisal. You may also recommend changes in policy and personnel.
8. To refuse care or treatment after the consequences of refusing care or treatment are fully presented.
9. To be able to identify visiting personnel members through proper identification.
10. To have complaints investigated regarding treatment or care that is (or fails to be) furnished or lack of respect of property.
11. 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.
12. 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, limitations to service and charges or fees for which you may be responsible.
13. To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality. The costs for which you may be responsible can be provided orally and/or in writing.
14. To be given information as it relates to the use of, changes to and disclosure of your plan of care and clinical records.
15. To have your plan of care remain private and confidential, except as required and permitted by law.
16. To receive instructions on handling drug recalls.
17. 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.
18. To receive information on how to access support from consumer advocates groups.

19. To receive pharmacy health and safety information to include consumer's rights and responsibilities.
20. To know about philosophy and characteristics of the Patient Management Program
21. To have Personal Health Information (PHI) shared with the Patient Management Program only in accordance with state and federal law.
22. To identify the program's staff members, including their job title, and to speak with the staff member's supervisor if requested.
23. To speak to a health professional.
24. Be informed of any financial benefits when referred to an organization
25. To receive information about the Patient Management Program.
26. To receive administrative information regarding changes in or termination of the Patient Management Program.
27. To decline participation, revoke consent or dis-enroll from the Patient Management Program at any point in time.
28. To receive Advance Beneficiary Notice of Non-coverage (ABN) for any non-covered durable medical equipment or supplies.
29. To receive and be read to the Medicare supplier standards before receipt of durable medical equipment or supplies
30. To receive all warranty information pertaining to your durable medical equipment
31. To receive a copy of Home Safety Assessment

Your Responsibilities:

1. To provide Equitas Health Pharmacy accurate and complete information regarding your past and present medical history, medication therapy and any other forms necessary to received services.
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 maintain any equipment provided.
9. To notify both your treating physician and Equitas Health Pharmacy with any potential side effects and/or complications related to medication therapy.
10. To notify Equitas Health Pharmacy of any concerns about care or services provided.
11. 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.
12. To submit any forms that are necessary to participate in the program to the extent required by law.
13. To give accurate clinical and contact information and to notify the Patient Management Program of changes in this information.
14. To notify your treating provider/physician of your participation in the Patient Management Program, if applicable.