



PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving services from The Alliance Pharmacy should be informed of their rights.

YOU ARE ENTITLED TO:

1. Choose a health care provider.
2. Be fully informed in advance about service/care to be provided.
3. Participate in the development and periodic revision of the plan of service/care.
4. Informed consent and the right to decline participation revoke consent or disenroll at any point in time.
5. Be informed, both orally and in writing, in advance of service/care being provided, of the charges, including payment for service/care expected from third parties and any charges for which the patient will be responsible.
6. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
7. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal.
8. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
9. Receive appropriate service/care without discrimination.
10. Be informed of any financial benefits when referred to an organization.
11. Be fully informed of one's responsibilities.
12. The right to know about philosophy and characteristics of the patient management program.
13. The right to have personal health information shared with the patient management program only in accordance with state and federal law.
14. 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.
15. The right to receive information about the patient management program.
16. The right to receive administrative information regarding changes in or termination of the patient management program.
17. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
18. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
19. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

PATIENT RESPONSIBILITIES

1. Patient agrees to notify The Alliance Pharmacy of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the rental equipment no longer exists.
2. Patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to The Alliance Pharmacy for any services furnished by The Alliance Pharmacy.
3. Patient agrees to accept all financial responsibility for products furnished by The Alliance Pharmacy.
4. Patient understands that The Alliance Pharmacy retains the right to refuse delivery of service to any patient at any time.
5. Patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

When the patient is unable to make medical or other decisions, the family should be consulted for direction.

All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Patient Bill of Rights and Responsibilities.