

Healthcare customers have a right to be notified in writing of their rights and obligations before care/service has begun. Healthcare providers have an obligation to protect and promote the rights of their customers to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations and standards, including the following rights:

**Patients have the right to:**

1. Be fully informed in advance about services/care to be provided and about the philosophy and characteristics of the patient management program.
2. Have personal information shared with the patient management program only in accordance with state and federal law.
3. Identify the program's staff members, including job title, and speak with a staff member's supervisor.
4. Speak to a health professional.
5. Receive information about the patient management program.
6. Receive administrative information regarding changes in, or termination of the patient management program.
7. Decline participation, revoke consent or un-enroll at any point in time.
8. Be treated with dignity, courtesy and respect as a unique individual.
9. Choose a healthcare provider.
10. Receive information about the scope of care/services that are provided by the Mitchell Cancer Institute Pharmacy as well as any limitations to the company's care/service capabilities.
11. Receive upon request evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, monograph etc.) including the level of evidence or consensus describing the process for intervention in instances in which there is no evidence-based research, conflicting evidence, or no level of evidence.
12. Experience coordination and continuity of services from the Mitchell Cancer Institute Pharmacy, timely response when care, treatment, services and/or equipment is needed or requested and be informed in a timely manner of impending discharge.
13. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer charges for which you may be responsible and explanation of all forms you are requested to sign.
14. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
15. Receive medications and services from qualified personnel and receive instructions and education on the safe handling and taking of medications.
16. Receive information regarding your order status. Patients or caregivers can call (251)410-6337 and speak with a pharmacy employee.
17. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
18. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
19. If desired, to be referred to other healthcare providers within an external healthcare system (ex. dietician, pain specialist, mental health provider, etc.). Patient may also be referred back to their own prescriber for follow up.
20. Receive information about when your personal health information was disclosed and to whom, as permitted under applicable law and as specified in the company's policies and procedures.
21. Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call (251)410-6337 and ask to speak with a pharmacist or pharmacy director.
22. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
23. Be informed of any financial relationships related to the pharmacy.

24. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs, health plan programs (tobacco cessation, disease management, pain management or suicide prevention/behavioral health programs).
25. Be advised of pharmacy number, (251)410-6337 for after hours as well as normal business hours of 8 a.m. to 4 p.m.
26. Be advised of any change in the plan of service before the change is made and receive administrative information regarding changes in, or termination of, the patient management.
27. Participate in the development and periodic revision of the plan of care/service.
28. Receive information in a manner, format and/or language that is understood.
29. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment and/or service decisions.
30. Be fully informed of your responsibilities.
31. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

### **Patients have the responsibility to:**

1. Adhere to the plan of treatment or service established by your physician and notify him/her of your participation in the Mitchell Cancer Institute Pharmacy's Patient Management Program.
2. Adhere to the Mitchell Cancer Institute Pharmacy's policies and procedures.
3. Submit any forms necessary to participate in the program to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services and to notify the patient management program of any changes in this information.
6. Ask questions about your care, treatment and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns and/or questions related to perceived risks in your services and unexpected changes in your condition.
9. Be available to receive medication deliveries and coordinate with the MCI Pharmacy during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, sexual orientation or national or ethnic origin.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed and only for/on the individual to whom it was prescribed.
13. Communicate any concerns about the ability to follow instructions provided.
14. Promptly settle unpaid balances except when contrary to federal or state law.
15. Notify pharmacy of changes in prescription or insurance coverage.
16. Notify pharmacy immediately of address or telephone changes, whether temporary or permanent.