

Patient Rights and Responsibilities



Acro Pharmaceutical Services and Commcare Specialty Pharmacy (collectively and separately hereinafter, "Pharmacy") provide our patients with the highest possible quality care. In order to receive optimal benefit from your prescription coverage, we would like to inform you of your rights and responsibilities when you become our patient or seek services as a patient from Pharmacy.

Patient Rights

❖ Right to be Informed:

- ❖ You have the right to know that you are automatically enrolled in our Patient Management Program when we provide pharmacy services to you. You may opt-out by calling the Pharmacy (Commcare: 888.203.7973; ACRO: 800.906.7798). As long as you are provided services by Pharmacy, you will be enrolled in the Patient Management Program. Disenrollment would occur upon transferring your prescription services to another pharmacy. If you want to know more about the philosophy and other details of this program, please let us know.
- ❖ You have the right to speak with a healthcare provider at any time utilizing regular business hours or the 24/7 availability of clinical staff.
- ❖ You have the right to know our toll-free telephone number for easy access to our staff (Commcare: 888.203.7973; ACRO: 800.906.7798). You have the right to know the name of the employee with whom you are talking and their job title. You have the right to speak with a supervisor if you request this. Our policy is to return your telephone call within two business days.
- ❖ You have the right to be informed of any responsibilities you may have in the care process.
- ❖ You have the right to be provided with information concerning those aspects of your condition related to the care provided by Pharmacy or other agencies contracted by Pharmacy.
- ❖ You have the right to receive information that would mean changes in or termination from our Patient Management Program.

❖ Right to Choose:

- ❖ You have the right to choose your healthcare provider.

❖ Respect and Nondiscrimination:

- ❖ You have the right to considerate, respectful care from all healthcare workers at all times and under all circumstances.
 - ❖ An environment of mutual respect is essential to maintain quality health care treatment.
 - ❖ You have the right not to be discriminated against based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, veteran status, lifestyle, genetic information, or source of payment.
- ❖ You have the right to have care provided by qualified personnel who are knowledgeable.
- ❖ You have the right to expect that Pharmacy will process your prescriptions without undue delay and contact you in the event of a drug recall which impacts your care plan. Pharmacy personnel will call you to discuss these issues and explain our plan for each situation which impacts your care plan.

❖ Participate in Your Treatment:

- ❖ You have the right to receive and review information about diagnosis, treatment, and the progress of your condition, and to fully participate in all decisions related to your health care.
 - ❖ If you are unable to fully participate in treatment decisions, you have the right to be represented by family members, conservators, or other duly-appointed representatives. If a representative will be representing you, please ask for a Patient Authorization Form.
- ❖ You have the right to receive information in a manner in which you can understand and be able to give informed consent to the start of any procedure or treatment.
- ❖ You have a right to receive counseling or clinical advice from our pharmacist regarding a prescription. We offer you that option at the time your prescription is being delivered or please call us on our toll free line (Commcare: 888.203.7973; ACRO: 800.906.7798).

❖ Confidentiality of Your Health Information

- ❖ You have the right to communicate with health care providers in confidence and to have the confidentiality of your individually identifiable health care information protected.
- ❖ You have rights as stated in the Notice of Privacy Practices.
- ❖ You have the right to expect that we will protect the confidentiality of your medical record and will release information only as it is compliant with HIPAA (Health Insurance Portability and Accountability Act of 1996). This means that your personal health information can be used by Pharmacy for healthcare purposes, such as providing you services through our Patient Management Program, quality improvement, peer review, mandatory reporting, adjudication of claims, or for use in adherence and compliance programs. These uses of your personal health information are only done in accordance with state and federal law.

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❖ Financial Inquiries:

- ❖ You have the right to review your healthcare bills, have an explanation of benefits and services, and use the disputed claims process when there is a disagreement.

❖ Fraud, Waste, and Abuse:

- ❖ If you suspect fraud, waste or abuse with your treatment, you have the right to ask questions about your medical charges, report wrongdoing and fraud to supervisor and/or the owner, or legal authorities if inquiry is left unanswered.

❖ Complaints and Appeals:

- ❖ You have the right to let us know of any issue/concern you may have regarding our services by calling our toll-free telephone number (Commcare: 888.203.7973; ACRO: 800.906.7798). We will respond to your concern within five business days or sooner depending on the problem.
- ❖ You have the right to a fair and efficient process for resolving differences with the healthcare provider that serves you. Ask to speak to the supervisor if you have a complaint.

Patient Responsibilities

❖ Medical History:

- ❖ Provide to the best of your ability and knowledge, accurate and complete information concerning your medical history.
- ❖ Send us any forms that we may request in order for us to register you in our Patient Management Program or any other forms that may be required by law.

❖ Understand Your Treatment:

- ❖ Become knowledgeable about your medications by reading the information we send you each time we deliver the drug or by calling our toll free telephone number.
- ❖ Knowledge about your medications includes knowing the risks for taking the drug and being reporting to us any side effects you might be experiencing.
- ❖ Inform a member of our staff if you do not clearly understand the treatment and/or the plan for care.

❖ Financial Obligation:

- ❖ Be knowledgeable about your health coverage including covered benefits; limitations; and exclusions.
- ❖ Make a good-faith effort to meet financial obligations.

❖ Interaction with Staff and Other Patients:

- ❖ Notify us if there is a need to cancel a treatment/ medication/therapy.
- ❖ Keep us and your physician's office informed of any changes in your health condition or if you experience reactions from the medication.
- ❖ Keep us informed of your current telephone number and address so we may deliver your medication to the correct address or reach you by phone when necessary.

By signing below, I acknowledge I have read and understand my Rights and Responsibilities as a patient of Pharmacy.

Signature of Patient or Personal Representative

Name of Patient

Date

If Personal Representative is signing for the patient, please provide your name, address, documentation and description of your ability to sign on behalf of the patient.

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

E-Mail: _____

Relationship to Patient: _____