

PATIENT

Bill of Rights

As a patient, you have the right to:

1. Obtain correct and understandable information from your Allied Health Solutions pharmacist concerning your treatment and/or drug therapy.
2. Discuss your medication therapy, including any possible side effects and drug interactions, and to receive counseling and education from your Allied Health Solutions pharmacist.
3. Expect that all prescribed medications dispensed to you are accurate, effective, and in useable condition.
4. Select a pharmacy of your choice and not be pressured or forced into transferring your prescriptions to another pharmacy.
5. Be fully informed in advance about services/care to be provided.
6. Be treated with dignity, courtesy, and respect as a unique individual.
7. Be able to identify Allied Health Solutions Specialty Pharmacy representatives through name and job title (name badge, job title) and to speak with a pharmacist if requested.
8. Choose a healthcare provider.
9. Receive information about the scope of care/services that are provided by Allied Health Solutions, as well as any limitations to the company's care/service capabilities.
10. Receive, upon request, evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.), including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
11. Coordination and continuity of services from Allied Health Solutions; timely response when care, treatment, services, and/or equipment is needed or requested; and to be informed in a timely manner of impending discharge/transfer.
12. 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.
13. 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.
14. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.

15. Receive information regarding your order status. **Patients or caregivers can call: 304-285-7216 or toll free at: 1-844-988-7216** and speak with a pharmacy employee.
16. 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.
17. 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).
18. If desired, to be referred to other healthcare providers within an external healthcare system (ex. Dietician, pain specialist, mental health services, pharmacy etc.). You may also be referred back to your own prescriber for follow up.
19. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
20. Express dissatisfaction/concerns/complaints for lack of respect, treatment, or service and to suggest changes in policy, staff, or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. **Patients or caregivers can call: 304-285-7216 or toll free at: 1-844-988-7216** and ask to speak with a pharmacist or supervisor.
21. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
22. Be informed of any financial relationships of the pharmacy.
23. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co pay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
24. **Be advised of pharmacy number: 304-285-7216 or toll free at: 1-844-988-7216** for after hours as well as normal business hours of Monday through Friday 8:00 am to 6:00 pm EST.
25. Be advised of any change in the plan of service before the change is made.
26. Participate in the development and periodic revision of the plan of care/service.
27. Receive information in a manner, format, and/or language that you understand.
28. 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.
29. Be fully informed of your responsibilities.
30. Have the right to decline participation, revoke consent, or disenrollment in any services of Allied Health Solutions at any point in time.
31. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property.

As a patient, it is your responsibility to:

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in Allied Health Solutions' Patient Management Program.
2. Adhere to Allied Health Solutions' 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.
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, notify Allied Health Solutions if you are unavailable for scheduled delivery times, and coordinate with Allied Health Solutions during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, 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 on ability to follow instructions provided.
14. Pay all co-pays as required by insurance coverage and promptly settle unpaid balances except where contrary to federal or state law.
15. Notify Allied Health Solutions of change in prescription or insurance coverage, physician, or physical condition.
16. Notify Allied Health Solutions immediately of address or telephone changes, temporary or permanent.

Customer Information:

After-Hour Services:

Allied Health Solutions' normal business number **(304-285-7216)** or toll free number **(1-844-988-7216)** will direct you to a voicemail box for after hour emergency questions or situations. A pharmacist will return your call 24 hours/7 days a week. You may leave a message for non-urgent matters or refill request at any time by following designated prompts.

Complaint Procedure:

1. You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. **Call Allied Health Solutions at: 304-285-7216 or toll free at: 1-844-988-7216,** and ask to speak with a supervisor or pharmacist during regular business hours or the company representative if you are calling outside of regular business hours, including weekends and holidays.
2. The formal grievance procedure of Allied Health Solutions ensures that your concerns/complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.

3. If you feel the need to discuss your concerns, dissatisfaction, or complaints with a party other than Allied Health Solutions staff, please file a complaint with Consumer Services with West Virginia Board of Pharmacy. **A signed complaint should be mailed to:** 2310 Kanawha Blvd. East Charleston, WV 25311 **or faxed to:** 304-558-0572. **For the complaint form, go to:** wvbop.com.