

Patient Rights and Responsibilities

Patients Have the Right...

- To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- To be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- To be promptly informed if the prescribed care or services are not within the scope of service, receive information about the scope of services that the organization will provide and specific limitations on those services.
- To be informed of any financial benefits when referred to an organization.
- To be dealt with and treated with friendliness, courtesy and respect during the course of your therapy free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- To select those who provide your healthcare services including an attending physician.
- To have your privacy and property respected at all times.
- To assist in planning and management of your healthcare that is designed to satisfy your current needs, the patient has the right to participate in the development and periodic revision of the plan of care.
- To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another healthcare provider, or termination of service.
- To express concerns or grievances or recommend modification to your services provider without fear of discrimination or reprisal.
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.
- To receive care and services within the scope of your healthcare plan, promptly and professionally, while being fully informed of our policies, procedures and charges relative to your care and who is providing your care.
- To refuse care within the boundaries set by law, and receive professional information relative to the consequences that will or may result due to such refusal.
- To request and receive the opportunity to review your medical records.
- To request and receive data regarding services or costs thereof privately and with confidentiality.
- To expect that information received will be kept confidential and will not be released without written consent of you or your responsible party.
- To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
- To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.
- To be informed of any unanticipated or negative outcomes of care, treatment and services that relate to a serious event during the course of care.
- The patient has the right to access, request amendments to and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law.

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Each Patient's Responsibilities...

- To provide accurate information regarding your health, health history, current medications, allergies, and insurance coverage.
- To involve yourself as needed and as able in developing, carrying out and modifying your plan of care if applicable.
- To make your home safe for medication handling and storage.
- To request additional assistance or information on any phase of your healthcare plan that you do not fully understand.
- To notify your physician and WellDyne Specialty Pharmacy when you feel ill, or encounter any unusual physical or mental stress or sensations, that may be as a result of the care, products or services being provided.
- To notify us when you will not be home at the time of a scheduled delivery, if applicable.
- To notify us prior to changing your address or telephone number, provide accurate medical and contact information and notify the company of any changes.
- To notify us when you encounter any problem with equipment or service.
- To notify us if you are hospitalized or if your physician modifies or stops your service or care, if applicable.
- To ask questions related to the care and services provided to you by WellDyne Specialty Pharmacy.
- To follow instructions given to you for the care and services being provided, if applicable.
- To meet financial commitments resulting from the care and services provided.
- To provide all necessary information needed to provide care, the patient has the responsibility to submit the forms that are necessary to receive services.
- To notify the treating provider of participation in the services provided by the organization.

Acknowledgment of Receipt Form:

Patient signature (or legal guardian or parent): _____ Date: _____

Patient relationship: _____

Print name of signatory: _____