

ACS Advanced Care *Scripts*

PATIENT RIGHTS AND RESPONSIBILITIES

Patients receiving products and services from ACS Pharmacy, have the following rights:

1. To select those who provide your health care services.
2. To receive the appropriate care or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, physical, or mental handicap in accordance with physician's orders.
3. To be promptly informed if the prescribed care or services are not within the scope of service, mission, or philosophy of ACS, and therefore be provided with transfer assistance to an appropriate care or service organization.
4. To be dealt with and treated with friendliness, courtesy, and respect by each and every individual representing ACS who comes in contact with you during the course of your therapy insuring freedom from mental, physical, sexual, verbal abuse, neglect, and exploitation.
5. To assist in the development and planning of your Patient Management Program that is designed to satisfy in the best possible manner your current needs as they have been presented.
6. 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 health care provider, or termination of service.
7. To express concerns/grievances/complaints to changes in policy, personnel regarding treatment/care or lack of respect of property, or recommend modification/changes to product/service provider without fear/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. The right to identify the program's staff members, including their job titles, and to speak with a staff member's supervisor if requested.
10. 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.
11. To receive care and services within the scope of your health care plan, promptly and professionally, while being fully informed of ACS policies, procedures, and charges relative to your care and who is providing your care.
12. To refuse care within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
13. Be advised to request and receive the agency's policies and procedures regarding the opportunity of disclosure to examine or review your medical/clinical records.
14. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
15. 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.
16. To be informed of any unanticipated or negative outcomes of care, treatment and services that relate to a serious sentinel event during the course of care.

17. 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.
18. The right to know about philosophy and characteristics of the Patient Management Program.
19. The right to speak and choose healthcare professional/provider, including an attending physician.
20. The right to receive information about the Patient Management Program.
21. The right to have Patient Health Information shared with the Patient Management Program only in accordance with state and federal law, to have confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information in treatment and to expect information received by ACS to be kept confidential and will not be released without written consent of you or your responsible party.
22. The right to receive administrative information regarding changes in, or termination of, the Patient Management Program upon request.
23. The right to decline participation, revoke consent, or disenrollment at any point in time from the program.
24. The responsibility to submit any documentation that are necessary to participate in the program, to the extent of the law.
25. The responsibility to give accurate clinical and contact information and to notify the Patient Management Program of changes in this information.
26. The responsibility to notify the treating provider of their participation in the PM Program, if applicable.
27. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
28. 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.
29. Receive information about the scope of services that the organization will provide and specific limitations on those services.
30. Participate in the development and periodic revision of the plan of care.
31. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
32. Be informed of client/patient rights under state law to formulate an Advanced Directive (if applicable).
33. Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
34. Be able to identify visiting personnel members through proper identification.
35. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
36. Be informed of any financial benefits when referred to an organization.
37. Be fully informed of one's responsibilities.

PATIENT RIGHTS AND RESPONSIBILITIES

Patients receiving products and services from ACS Pharmacy, have the following responsibilities:

1. To provide accurate information concerning your present health status, current medications, allergies and insurance coverage to ACS as appropriate to your care or service.
2. To inform a staff member, if applicable of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself as needed and as able in developing, carrying-out, and modifying your plan of care plan, if applicable.
4. To evaluate your home environment and make necessary corrections to plan for safe medication handling and storage.
5. To request additional assistance or information on any phase of your health care plan that you do not fully understand.
6. To notify your physician and ACS when you feel ill, or encounter any unusual physical or mental stress or sensations, which may be as a result of the care, products or services being provided.
7. To notify ACS when you will not be home at the time of a scheduled delivery or visit, if applicable.
8. To notify ACS prior to changing your address or telephone number.
9. To notify ACS when you encounter any problem with equipment or service.
10. To notify ACS if you are hospitalized or if your physician modifies or stops your service or care, if applicable.
11. To ask questions related to the care and services provided by ACS to you.
12. To follow instructions given to you by ACS for the care and services being provided, if applicable.
13. To meet financial commitments resulting from the care and services provided by ACS.
14. To treat ACS representative with respect in the care and services being provided
15. To provide information requested from ACS needed to provide care, including the submission of all required forms that are necessary.
16. To follow ACS rules and regulations as they pertain to the products and services provided by ACS.
17. To adhere to the above mentioned responsibilities and accept the consequences involved should these responsibilities not be met.

