

Patient Rights and Responsibilities

As Our Patient You Have the RIGHT to

- 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.
- 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 patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be able to identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI).
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- Choose a healthcare provider, including an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Have personal health information shared with the patient management program only in accordance with state and federal law.
- Identify the program's staff members, including their job title, and be able to speak with a staff member's supervisor if requested.
- Speak to a health professional.
- Receive information about the patient management program.
- Decline participation, or dis-enroll, at any point in time.

Patient Rights and Responsibilities

Assistance During Discharge from the Specialty Pharmacy

You have a right to be informed of your future health care needs following your discharge from the pharmacy. You have the right to receive assistance from Trinity Health Pharmacy Services, if necessary, to ensure that you receive appropriate care after you leave the pharmacy.

Confidentiality and Access of Records

You have the right to expect confidential treatment of all communications and records related to your care. You may approve or refuse the release of these records to anyone outside of Trinity Health Pharmacy Services except in the case of your transfer to another pharmacy, or as required by law or third-party payment contracts.

You have the right to access your medical record information within the limitations of the law.

Assistance in Addressing Your Bill

Our financial counselors are available to help with insurance coverage questions and payment arrangements. You may be eligible for financial assistance through government or private sources.

Patient Responsibilities

- Give accurate clinical and contact information and notify the Patient Management program of changes in this information.
- Notify your doctor of your participation in the Patient Management Program.
- Tell us if you do not understand what you are being asked to do or not to do.
- Ask questions if we have not fully explained any aspect of your care.



Patient Rights and Responsibilities

- As our patient, you have the RESPONSIBILITY to:
 - Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information.
 - Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program.
 - Submit forms that are necessary to receive services.
 - Maintain any equipment provided.
 - Notify the organization of any concerns about the care or services provided.

Medication Issues and Concerns

- Trinity Health Pharmacy Services is committed to embracing a culture that celebrates clinical quality, patient safety and service satisfaction and we take all concerns and inquiries seriously.
- Please contact the pharmacy as soon as possible to report medication issues such as adverse effects to your medication or suspected errors.
- We want you to be completely satisfied with the care we provide. You have the right to voice your concern or complaint and expect to have them resolved in a timely manner.
- If you or your caregiver have concerns, please contact us by phone, e-mail, or in writing to discuss your concerns.
- We will review your concern or complaint and when possible, resolve any issues. When the pharmacy cannot resolve the issue immediately, the patient will be notified of the follow-up in writing.

How to File a Concern

Utilization Review Accreditation Commission (URAC)

Website: urac.org/file-a-complaint

Email: grievances@urac.org

Phone: 202-216-9010

Accreditation Commission for Health Care, Inc. (ACHC)

Website: <http://achc.org/contact/complaint-policy-process>

Phone: 855-937-2242 or 919-785-1214 (request the Complaints Dept.)

In addition, patients and caregivers may contact agencies below for help in resolving concerns about their healthcare.

Indiana Pharmacy Board

Website: in.gov/pla/pharmacy.htm

Phone: 317-234-2067

Medicare beneficiaries may also contact Medicare at:

Website: medicare.gov

Phone: 800-633-4227



Medicare Prescription Drug Coverage and Your Rights

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You have the right to get a written explanation from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You also have the right to ask your Medicare drug plan for an exception if:

- You believe you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary." Or,
- You believe you should get a drug you need at a lower cost-sharing amount.

What you need to do:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
 1. The prescription drug(s) that you believe you need.
 2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
 3. The date you were told that the prescription drug(s) is not covered.

No. CMS-10147

Trinity Health and its health care facilities comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.