



## **Patient Rights & Responsibilities**

### **Patient Rights:**

1. The patient has the right to confidentiality of all of their personal health information. Individuals or organizations that are not involved in the patient's care, may not have access to their personal health information, without the patient's written consent, or without the patient's power of attorney on file.
2. The patient has the right to be counseled on all prescriptions filled at the pharmacy.
3. The patient has the right to be fully informed in advance about care/service to be provided or when modifications to the plan of care occur.
4. The patient has the right to receive information about the scope of services that the organization will provide and any specific limitations on those services.
5. The patient has the right to be informed of any financial benefits associated with the referral to Dunn Meadow Pharmacy.
6. The patient has the right to obtain services regardless of race, nationality, sex, age, sexual orientation, physical and/or mental disabilities, diagnosis or religious affiliation.
7. The patient has the right to considerate and respectful service from all staff members of the pharmacy.
8. The patient has the right to make informed decisions about their care, including choosing their own prescribers, and pharmacy providers.
9. The patient has the right to reasonable continuity of care and service.
10. The patient will be contacted if there are any dispensing errors, recalls, or modifications in prescriptions phoned in by their prescriber.
11. All medications dispensed to the patient will be carefully checked for medication and dose accuracy, and all drug interactions including but not limited to disease state, other prescription drugs, and OTC drugs.

12. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.
13. The right to know about philosophy and characteristics of the patient management program.
14. The right to have personal health information shared with the patient management program only in accordance with state and federal law.
15. The right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
16. The right to receive information about the patient management program.
17. The right to receive administrative information regarding changes in or termination of the patient management program.
18. The right to decline participation, revoke consent or opt out at any point in time.
19. The patient can contact Dunn Meadow Pharmacy with any complaints regarding medications or service by calling our toll free number 844-262-8200 or through our website, [www.dunnmeadow.com](http://www.dunnmeadow.com)

**Patient Responsibilities:**

1. The patient should provide the pharmacy with all complete relevant medical information.
2. The patient should follow all medication instructions, and all medications should be taken solely for the purpose that they were prescribed for.
3. The patient should promptly notify the pharmacy of any changes to their address and contact information or change in insurance coverage.
4. The patient should immediately notify the pharmacy of any changes concerning their prescriber or prescriber's prescription
5. The patient should make inquiries to the pharmacist if there is any question about treatment.
6. If unavailable for a planned delivery, the patient should notify the pharmacy to reschedule.

7. Except where contrary to federal or state law, the patient is responsible for any charges in which the patient's insurance company does not pay.
8. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
9. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
10. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.