

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

To ensure the finest care possible, all patients receiving services from the University of Colorado Hemophilia Center Pharmacy should be informed and understand the rights and responsibilities involved in their own plan of care.

AS OUR PATIENT, YOU HAVE THE RIGHT TO:

1. Choose a pharmacy service provider.
2. Choose a health care provider, including choosing an attending physician, if applicable.
3. Be fully informed in advance about service/care to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
4. Participate in the development and periodic revision of the plan of service/care.
5. The right to decline participation, revoke consent, or un-enroll at any point in time including the refusal of care or treatment after the consequences of refusing care or treatment are fully presented.
6. Be informed, both orally and in writing, in advance of service/care being provided, of the charges, including payment for service/care expected from third parties, and any charges for which the patient will be responsible.
7. To know about the philosophy and characteristics of the patient management program.
8. To receive the appropriate or prescribed services in accordance with physician orders and in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
9. To have one's property and person treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provide treatment or services for you and be free from neglect or abuse, be it physical or mental.
10. To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
11. To receive treatment and services within the scope of your plan of care and to receive information on the specific limitations of those services, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures, and charges
12. To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs.
13. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
14. To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality.
15. To express, concerns, grievances/complaints or recommend modifications to your Pharmacy in regards to treatment or care and to have those grievances/complaints investigated in a timely manner and without fear of discrimination or reprisal
16. To receive information on handling recalled drugs.
17. To receive information about the patient management program.
18. To receive administrative information regarding changes in or termination of the patient management program.
19. The right to have personal health information (PHI) shared with the Patient Management Program only in accordance with state and federal law.
20. To the confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
21. To receive pharmacy health and safety information to include consumer rights and responsibilities.
22. To identify the program's staff members, including their job title, and to speak the staff member's supervisor if requested.
23. To speak to a health professional.
24. To receive information on how to access support from consumer advocate groups.
25. Be informed of patient rights under state law to formulate an Advanced Directive, if applicable.
26. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
27. Be informed of any financial benefits when referred to an organization.

PATIENT RESPONSIBILITIES:

1. To provide accurate and complete information regarding your past and present medical history and contact information and any changes.
2. To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
3. To participate in the development and updating of a plan of care.
4. To communicate whether you clearly comprehend the course of treatment and plan of care.
5. To comply with the plan of care and clinical instructions.
6. To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
7. To respect the rights of Pharmacy personnel.
8. To notify your Physician and the Pharmacy of any potential side effects and/or complications.
9. To notify the HTC Pharmacy via telephone when medication supply is running low so a refill may be shipped to you promptly.
10. Patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits be paid directly to The University of Colorado Hemophilia Center Pharmacy for any services furnished by The University of Colorado Hemophilia Center Pharmacy.
11. Patient agrees to accept all financial responsibility for products furnished by The University of Colorado Hemophilia Center Pharmacy.
12. Patient understands that The University of Colorado Hemophilia Center Pharmacy retains the right to refuse delivery of service to any patient at any time.
13. Patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.
14. To give accurate clinical and contact information and to notify the patient management program of changes to this information.
15. To notify their treating provider of their participation in the patient management program, if applicable.
16. To submit any forms that are necessary to participate in the program, to the extent required by law.
17. To maintain any equipment provided.

If you have questions, concerns or issues that require assistance, please call 1-866-724-7427. Complaints will be forwarded to management and you will receive a response within 5 business days.

When the patient is unable to make medical or other decisions, the family should be consulted for direction.

All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Patient Bill of Rights and Responsibilities.