

Patient Bill of Rights and Responsibilities

Patient Management Program Services

Patients Enrolled in the Patient Management Program have the Rights to:

1. Be fully informed in advance about services/care to be provided as part of the Program.
2. To know and be informed about the philosophy and characteristics of the Patient Management Program.
3. Be treated with dignity, courtesy and respect as a unique individual.
4. Be able to identify the Program's staff members by name and job title and speak with a staff member's supervisor, a pharmacist or health professional if requested.
5. Choose a healthcare provider.
6. Receive information about the Patient Management Program, the scope of care/services that are provided, as well as any limitations to the company's care/service capabilities.
7. Receive upon request, evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
8. Coordination and continuity of services from V-Care Pharmacy's Patient Management Program, timely response when care, treatment, services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge.
9. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third party payer, on charges for which you may be responsible, and an explanation of all forms you are requested to sign. Examples may include -of-pocket costs such as deductibles, co-pays, and co-insurance. Written or verbal explanations may also be provided regarding costs charged by the organization if the Pharmacy is not part of your health plan's preferred network.
10. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
11. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
12. Receive suggestions on product selection, medication substitution, and substitution protocols or guidance on how/where to obtain medications that may not be available at the pharmacy where the product was initially ordered.
13. Receive information regarding on how to refill or re-order your medications, including those that may be limited by benefit design. Assistance and information is provided on the transfer process for health plans that require the patient to be serviced at another facility or benefit organization.

14. Be informed of re-order or prescription submission time and prescription processing time estimates.
15. Receive information regarding your order status or any current or anticipated order delays. Patients or caregivers can call (508) -202-9993 speak with a pharmacy employee or submit an inquiry by emailing info@myvcarepharmacy.com.
16. Receive information regarding medication access during an emergency, a disaster or impending conditions that may result in pro-longed delays.
17. Participate in decisions concerning the nature and purpose of any Program Service procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
18. If desired, to be referred to other health care providers within an external health care system (ex. Dietician, pain specialist, mental health services, etc.). Patient may also be referred back to their own prescriber for follow up.
19. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
20. The right to have personal health information shared with the Patient Management Program only in accordance with state and federal law.
21. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
22. Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call (508) 202-9993 and ask to speak with a pharmacist or pharmacy director of the Patient Management Program.
23. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
24. Be informed of any financial relationships of the pharmacy.
25. Be offered assistance with any other eligible internal programs that help in addition to the Patient Management Services (ex. manufacturer co-pay and patient assistance programs, health plan programs that cover tobacco cessation, disease management, pain management, suicide prevention/behavioral health).
26. Be advised of pharmacy number, (508) 202-9993 for after hours as well as normal business hours of Monday through Friday 9:00 a.m. to 7:00pm EST and Saturday 10:00 a.m. to 3:30pm EST.
27. Be advised of any change in the Program's plan of service before the change is made.
28. Receive administrative information regarding changes in or termination of the Patient Management Program.
29. Participate in the development and periodic revision of the plan of care/service.
30. Receive information in a manner, format and/or language that you understand.

31. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
32. Be fully informed of your responsibilities.
33. Have the right to decline participation, revoke consent or disenroll in any V-Care Pharmacy & Surgical Supplies Patient Management Program services at any point in time.
34. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

Patients Enrolled in the Patient Management Program have the Responsibility to:

1. Adhere to the plan of treatment or service established and to notify your treating provider of your participation in V-Care Pharmacy & Surgical Supplies' Patient Management Program.
2. Adhere to V-Care Pharmacy & Surgical Supplies' policies and procedures.
3. Submit any forms necessary to participate in the program, to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/Patient Management Program services.
5. Provide, to the best of your knowledge, accurate clinical and contact information necessary to carry out Program Services and notify the Patient Management Program of changes to this information.
6. Ask questions about your care, treatment and/or services.
7. Have clarified any instructions provided by company Program representatives.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Be available to receive medication deliveries and coordinate with V-Care Pharmacy & Surgical Supplies during times you will be unavailable.
10. Treat pharmacy Program personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Promptly settle unpaid balances except where contrary to federal or state law.
15. Notify pharmacy' Patient Management Program of change in prescription or insurance coverage.
16. Notify Patient Management Program immediately of address or telephone changes, temporary or permanent.

Additional Customer Information:

After-Hour Services:

- V-Care Pharmacy & Surgical Supplies' normal business number (508) 202-9993 will direct you to an option for after hour emergency questions or situations. A pharmacist will return your call 24 hours/7 days a week. You may leave a message for non-urgent matters or refill request at the normal business number (508) 202-9993 at any time by following designated prompts.

Complaint Procedure:

1. You have the right and responsibility to express concerns, complaints or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination or unreasonable interruption of services. Call the company at (508) 202-9993 and ask to speak with a pharmacy service representative who will triage the call the appropriate management staff during regular business hours or the company representative if you are calling outside of regular business hours, including weekends and holidays.
2. The formal grievance procedure of V-Care Pharmacy & Surgical Supplies ensures that your concerns/complaints will be reviewed and an investigation started within 1 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 5 business days. You will be informed verbally or in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be updated verbally or in writing.
3. If you feel the need to discuss your concerns, dissatisfaction or complaints with a party other than V-Care Pharmacy & Surgical Supplies staff, please file a complaint with the Massachusetts Department of Health complaints division. The hours of operation are Monday through Friday 8:30 a.m. to 4:30 p.m. The telephone number is (617) 973-0865 or you can email <http://www.mass.gov/dph/boards/> You can also submit an online complaint at <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/complaint-resolution.html>.