

**3200 New Columbia Road, Campbellsville, KY 42718**Phone: 270-937-9008 | Fax: 270-937-9009
www.hometownspecialtypharmacy.com

# PATIENT BILL OF RIGHTS

## THE PATIENT HAS THE RIGHT TO:

• Be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and care of personal needs without discrimination.

• Speak to a health professional.

• Receive information about the patient management program.

• Be fully informed of the patient management program, current care and any changes made, including termination, regarding the care and treatment to be provided by Hometown Pharmacy Specialty Services.

• Know about philosophy and characteristics of the patient management program.

• Receive care appropriate to his/her needs and speak to a health care professional in a timely manner.

• Receive prompt response to all reasonable inquiries or grievances.

• Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.

• Be advised, before care is initiated, of the extent to which payment for the organization’s services may be expected from Medicare / Medicaid, insurance, or the client’s liability for payment, billing cycles, changes in payment.

• Be informed of any financial benefits when referred to an organization.

• Be informed of any provider limitations affecting treatment of care.

• Receive prompt response to all reasonable interruption of services.

• Be informed of any rights and responsibilities he/she may have in the care process.

• Receive the information necessary to make decisions regarding his/her care.

• Accept or refuse any treatment, or services, and revoke consent or disenroll at any point in time.

• A referral if the patient is denied services solely on his or her inability to pay.

• Have personal health information shared with the patient management program only in accordance with state and federal law.

• Voice grievance and recommend a change in policy, service or staff without fear, reprisal, discrimination or unreasonable interruption of service with the pharmacy at 270-937-9008 or to the compliance hotline at 833-222-4169.

• Appeal decisions made by Hometown Pharmacy Specialty Services concerning your health care. These appeals should be made in writing addressed to the Pharmacist in Charge.

## ALL PATIENTS HAVE A RESPONSIBILITY TO:

• Give accurate and complete contact information, health information, disclose all medications and other pertinent items, and to notify Hometown Pharmacy Specialty Services of any changes in this information.

• Assist in developing and maintaining a safe environment for patient care.

• Participate in the development and update of their therapy care plan and adhere to the care plan.

• Request further information concerning anything they do not understand.

• Give information regarding concerns and problems they have to a Hometown Pharmacy Specialty Services staff member.

• Submit any forms that are necessary to participate in the program, to the extent required by law.

• Inform Hometown Pharmacy Specialty Services if they are in the hospital, have utilized emergency services, and disclose all medications taken or changed.

• Notify their treating provider of their participation with Hometown Pharmacy Specialty Services.