QMD Pharmacy
Quick Meds Direct LLC

PATIENT RIGHTS AND RESPONSIBILITIES

QMD Pharmacy is committed to providing every patient with safe, professional, and respectful mail-order pharmacy services. A copy of this document will be provided to each patient at the start of services, shared with the patient and/or their family or responsible party, and documented as received and understood. Copies are available to anyone upon request.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- **Be fully informed in advance about care and services.** You have the right to be informed, both orally and in writing, before care or services begin, about the care to be provided, the disciplines that will furnish care, the frequency of services, any planned modifications to your plan of care, and any charges for which you will be responsible, including payment expected from third parties.
- **Know the scope and limitations of our services.** You have the right to be promptly informed if the prescribed care or services are not within the scope of services QMD Pharmacy provides, and to receive information about the specific limitations on those services.
- **Participate in your plan of care.** You have the right to participate in the development, implementation, and periodic revision of your plan of care, and to have that plan designed to meet your current needs.
- **Informed consent.** You have the right to receive adequate information to give your informed consent before care or services begin, and before any significant change to your services occurs.
- **Refuse care or treatment.** You have the right to refuse care or treatment, within the limits established by law. If you choose to refuse, you will be fully informed of the consequences that will or may result from that decision, and we will document your choice.
- **Right to consultation with a pharmacist.** Your prescriptions are filled and shipped by QMD Pharmacy. Under applicable pharmacy law, you are entitled to a consultation with a pharmacist. If you would like a consultation, please call us at 866-201-1514 and ask to speak with a pharmacist.
- **Be informed about Advanced Directives.** You have the right to be informed of your rights under applicable state law to formulate an Advanced Directive, such as a health care proxy or living will. While QMD Pharmacy is a mail-order pharmacy and does not provide clinical care, we will note and respect any Advanced Directive on file to the extent applicable to our services.
- **Dignity, respect, and consideration.** You have the right to be treated with respect, courtesy, and full recognition of your dignity and individuality, including your cultural, psychological, spiritual, and personal values, beliefs, and preferences, in every interaction with QMD Pharmacy staff.
- **Identify personnel.** You have the right to know the name and job title of any QMD Pharmacy staff member who contacts you, and to speak with a supervisor upon request.
- **Be free from abuse, neglect, and exploitation.** You have the right to be free from mistreatment, neglect, and verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- **Voice grievances and complaints without reprisal.** You have the right to voice grievances or complaints regarding your care, services, treatment, or lack of respect of your property, or to recommend changes in policy, personnel, or care, without restraint, interference, coercion, discrimination, or reprisal of any kind.
- **Have grievances investigated.** You have the right to have any grievance or complaint regarding care that is furnished (or fails to be furnished), or lack of respect of property, investigated and responded to in a timely manner.
- **Confidentiality and privacy of your health information.** You have the right to confidentiality and privacy of all information contained in your patient record, including your Protected Health Information (PHI), in accordance with applicable federal and state law.
- **Know our disclosure policies.** You have the right to be advised on QMD Pharmacy's policies and procedures regarding the disclosure of your clinical records.
- **Receive appropriate, non-discriminatory care.** You have the right to receive appropriate care without discrimination based on age, sex, race, religion, ethnic origin, sexual orientation, disability, or source of payment, in accordance with your physician's orders where applicable.

- **Receive accessible communication.** You have the right to receive communication in a manner appropriate to your needs, including foreign language translation, plain-language explanations based on literacy level, and accommodations for cognitive, audio, or visual impairments.
- **Know about financial benefits upon referral.** You have the right to be informed of any financial benefits QMD Pharmacy receives when referring you to another organization or provider.
- **Be informed of cost changes in advance.** You have the right to be completely informed about any changes in costs related to your care, including any costs not covered by Medicare, Medicaid, or other payers. You will receive prior notice of any changes in covered costs.
- **Be referred when needs cannot be met.** If your healthcare needs cannot be met by QMD Pharmacy, you have the right to be informed and referred to an appropriate provider or resource for your needs.
- **Designate a surrogate decision-maker.** You have the right to designate another individual as a surrogate decision-maker on your behalf, as permitted by law, who is authorized to make decisions about the care and services you receive, including the right to refuse care or services.
- **Involve family members and friends.** As permitted by law, you have the right to involve family members and friends in your care and in decisions about your services.
- **Opt out of electronic communications.** You have the right to opt out of text message or electronic medication order processing at any time by contacting QMD Pharmacy.
- **Access and amend your health information.** You have the right to request access to, request amendments to, and receive an accounting of disclosures regarding your own health information, as permitted under applicable law. Please refer to our Notice of Privacy Practices for full details.
- **Receive information about financial assistance.** You have the right to obtain any available information regarding financial assistance, free care, or other available programs that may apply to your situation.
- **Be fully informed of your responsibilities.** You have the right to receive a clear explanation of your responsibilities as a patient of QMD Pharmacy, as described in this document.

AS A PATIENT, YOU HAVE THE RESPONSIBILITY TO:

- **Submit all required forms.** Complete and submit any forms that are necessary for QMD Pharmacy to provide you with care and services.
- **Provide accurate information.** Provide complete and accurate information about your health, medical history, current medications, allergies, insurance coverage, and contact information, and promptly notify QMD Pharmacy of any changes to that information.
- **Notify your treating provider.** Inform your treating physician or other provider of your participation in the services provided by QMD Pharmacy, so that your care can be properly coordinated.
- **Notify QMD Pharmacy of concerns.** Contact QMD Pharmacy promptly if you have any concerns, questions, or complaints about the care, products, or services you are receiving.
- **Notify QMD Pharmacy if you choose to end therapy.** If you decide to discontinue your medications or end your participation in services provided by QMD Pharmacy, notify us as soon as possible so we can update your records and cancel any pending shipments.
- **Notify us if a scheduled dispensing requires cancellation.** If you need to cancel or delay a scheduled prescription fill or shipment, contact QMD Pharmacy immediately so we can make the necessary adjustments.
- **Participate in your plan of care.** Involve yourself, as needed and as able, in developing, carrying out, and modifying your plan of care, and request clarification or additional information if any aspect of your healthcare plan is unclear.
- **Follow your care instructions.** Follow the instructions provided to you for the medications and services being delivered, and ask questions if you do not understand or need clarification about your prescription, diagnosis, or plan of care.
- **Accept responsibility for refusal of care.** Understand and accept responsibility for the consequences that may result from any decision to refuse care, treatment, or instructions.
- **Keep contact and delivery information current.** Notify QMD Pharmacy promptly of any changes to your mailing address, phone number, or email address. Accurate contact information is critical for prescription delivery, drug interaction alerts, and recall notices.
- **Store medications safely.** Ensure that medications are stored safely and appropriately upon receipt, in accordance with any storage instructions provided by QMD Pharmacy.

- **Notify us of hospitalizations or care changes.** Inform QMD Pharmacy if you are hospitalized, or if your physician modifies or discontinues your care or services, so we can update your records and pause or adjust any pending shipments.
- **Meet your financial obligations.** Meet financial commitments resulting from the care and services provided, and understand your insurance benefits, copayments, and any out-of-pocket responsibilities.
- **Communicate constructively.** Express opinions, concerns, or complaints in a constructive manner to the appropriate QMD Pharmacy personnel.

PRESCRIPTION REPLACEMENT POLICY

Patients are notified on the day their prescriptions are shipped. Deliveries typically take 2–5 business days depending on your location. If you have not received your prescription within that timeframe, it is your responsibility to contact QMD Pharmacy at 866-201-1514 or support@qmdpharmacy.com to report the issue.

Patients who do not report damaged shipments may be responsible for payment for any replacement prescription. Please contact us promptly if you have any concerns about a delivery.

In cases involving patient negligence, the patient may be responsible for the full replacement cost. Situations that may be considered patient negligence include, but are not limited to:

- Failure to update the shipping address after a change of residence.
- Requesting a change of shipping address after the prescription has already been sent to the address originally provided.
- Prescription stolen from the patient or ultimate recipient.
- Prescription misplaced or lost due to personal oversight.
- Prescription damaged after delivery (e.g., environmental exposure, dropped, or otherwise mishandled by the patient)

MEDICATION RETURN POLICY

In accordance with FDA guidance (CPG Sec. 460.300), medications cannot be returned to stock once they have left QMD Pharmacy's possession. For questions about a medication you have received, please contact QMD Pharmacy directly.

HOW TO FILE A GRIEVANCE OR COMPLAINT

If you believe your rights have been violated, or if you have a concern about the care or services you have received, you may contact QMD Pharmacy directly. We will investigate all complaints and respond in a timely manner. Filing a complaint will never result in discrimination, reprisal, or any change to the care you receive.

Phone: 866-201-1514
Fax: 877-408-7946
Email: support@qmdpharmacy.com
Mailing Address: 28 Kaysal Ct Suite 105, Armonk, NY 10504

You also have the right to file a complaint with the New York State Department of Health or the U.S. Department of Health and Human Services Office for Civil Rights at any time.

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ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

By signing below, I acknowledge that I have received and understood the Patient Rights and Responsibilities described in this document. I understand that a copy of this document is available to me at any time upon request by contacting QMD Pharmacy at 866-201-1514 or support@qmdpharmacy.com.

Please return the signed page to QMD Pharmacy by email at **support@qmdpharmacy.com** or by mail to 28 Kaysal CT Suite 105 Armonk NY 10504

Patient Signature (or Legal Guardian / Parent)

Date

Print Name of Signatory

Relationship to Patient (if not patient)

