



## **The following are considered Patient Rights:**

1. Considerate and respectful care from your pharmacists and other healthcare professionals in a manner that supports your dignity.
2. Receive care and communication that is respectful to your personal and cultural values, beliefs, and preferences.
3. Receive complete and accurate information about the scope of services that Altruix will provide and specific limitations on those services.
4. Receive relevant, accurate, current and understandable information from your pharmacist concerning your treatment and/or drug therapy.
5. Receive complete and accurate information from your pharmacist regarding the reason for your treatment and/or drug therapy, the proper use and storage of prescribed medications and the possible adverse side effects and interactions with other drugs, supplements or foods.
6. Receive effective counseling and education from your pharmacist that empowers you to take an active role in your health condition and treatment decisions.
7. Make non-emergency decisions regarding your plan of care before and during treatment, as well as refuse any recommended treatment, therapy or plan of care after being informed of the consequences of refusing treatment, therapy or plan of care.
8. Expect that all dispensed medications you receive are safe, accurately dosed, effective and in useable condition.
9. Expect that all records, communication, patient counseling by your pharmacists and all related discussions regarding your drug therapy, including its effects and side effects, are conducted in a manner that protects your privacy.
10. Confidentiality and privacy of all your patient information contained in your patient record and Protected Health Information, as described in Altruix's Notice of Privacy Practices.
11. Receive appropriate care without discrimination in accordance with physician orders.
12. Seek or receive pain management services without discrimination.
13. Be advised if a medication has been recalled at the consumer level.

14. Call Altruix with any privacy matters and ask for the Privacy Officer; or contact us through our website, [www.altruix.com](http://www.altruix.com).
15. Voice your grievances/complaints regarding treatment of care, lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/complaints investigated.
16. Call Altruix with grievances/complaints about your medication and ask for the Compliance Officer, Specialty Pharmacy Manager, or Director of Operations.
17. Expect that your personal data, including all contact information, is not released by pharmacists, pharmacies or insurance companies to another party to be used in soliciting the purchase of goods or services, whether or not the solicitation is related to your care.
18. Choose the pharmacist and pharmacy provider where your prescriptions are filled and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail-order service. However, some insurers may have mandatory benefit plans that require you to use a specific pharmacy if the insurance company is paying the drug cost.
19. Choose a health care provider, including choosing an attending physician, if applicable.
20. Receive, in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third-party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
21. Be informed of any financial benefits that might accrue when referred to an organization.
22. Be advised of any change in Altruix's plan of service before the change is made.
23. Receive information in a manner appropriate for your age, language, and ability to understand (vision, speech, hearing, or cognitive impairments).
24. Have family members or identified surrogate decision makers, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representation, be involved in your care and treatment, and/or service decisions affecting you if you are unable to do so and have those decisions respected.
25. Be provided to you, or a surrogate decision maker, information pertaining to the outcomes of care or services needed to participate in current and future health care decisions, and information on any sentinel event arising from provided services.
26. To request and receive complete up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.

27. To request and receive, or make changes to disclosures of your health information, in accordance with law and regulation.
28. To know or ask how to access support from consumer advocates.
29. To speak to a health professional.
30. For pharmacy health and safety information to include patient's rights and responsibilities.
31. To know about the philosophy and characteristics of the patient management program.
32. Have personal health information shared with the patient management program only in accordance with state and federal law.
33. Identify the staff member of the patient management program and his or her job title, and speak with a supervisor of the staff member, if requested.
34. Receive information about the patient management program.
35. Receive administrative information regarding changes in or termination of the patient management program.
36. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
37. Decline participation, revoke consent, or disenroll at any point in time from the patient management program.
38. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
39. Be fully informed of your responsibilities.

### **The following are considered Patient Responsibilities:**

1. Submit any forms that are necessary to participate in the patient management program to the extent required by law.
2. Give accurate clinical and contact information and to notify the patient management program of changes in this information.
3. Notify your treating provider of your participation in the patient management program, if applicable.

4. Adhere to the plan of treatment or service established by your physician or healthcare provider.
5. Participate in the development and periodic revision of an effective plan of care and services.
6. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
7. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by a Altruix representative.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Notify Altruix if you are going to be unavailable for scheduled delivery times.
10. Treat Altruix employees with respect and dignity without discrimination as to color, religion, sex, creed, or national or ethnic origin.
11. Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
12. Notify Altruix of any changes in your physical condition, physician's prescription or insurance coverage. Notify Altruix immediately of any address or telephone changes whether temporary or permanent.
13. Pay all charges upon receipt of billing statement by the last Monday of the month the statement is received in.
14. Any past due account may be referred to collection at which time Altruix may impose a 1.5% charge per month on any unpaid balance. Such charge may be assessed on past due accounts. Furthermore, patient is responsible to pay all attorney's fees, court costs, and other expenses incurred by Altruix to effect collection of outstanding past due amounts.

**I have read and understand my rights and responsibilities.**

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Patient or Caregiver's Signature

Date