

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

You as the patient, have responsibilities to:

- **Medical History:** Provide to the best of your ability and knowledge, accurate and complete information concerning your medical history.
- **Understand Your Treatment:** Inform a member of our staff if you do not clearly understand the treatment and/or the plan for care.
- **Financial Obligation:** Be knowledgeable about your health coverage including covered benefits; limitations; and exclusions.
 - Make a good-faith effort to meet financial obligations.
- **Interaction with Staff and other Patients**
 - Notify us if there is a need to cancel a treatment/ medication/therapy.
 - Show respect for other patients and our healthcare professionals.
 - Assist in the control of noise and smoking.

You as the Patient have rights:

- **Right to be informed:** You have the right to speak with a healthcare provider at any time utilizing regular business hours or the 24/7 availability of clinical staff
- **Right to Choose:** You have the right to choose your healthcare provider.
- **Respect and Nondiscrimination:** You have the right to considerate, respectful care from all healthcare workers at all times and under all circumstances.
 - An environment of mutual respect is essential to maintain quality health care treatment.
 - You have the right not to be discriminated against based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.
- **Participate in Your Treatment:** You have the right to receive and review information about diagnosis, treatment, and the progress of your condition, and to fully participate in all decisions related to your health care. You also have the right to request information regarding Value Specialty Pharmacy's patient management program and protocols.
 - If you are unable to fully participate in treatment decisions, you have the right to be represented by family members, conservators, or other duly-appointed representatives.





- If a representative will be representing you, please ask for a Request for Access form.
- **Confidentiality of Your Health Information:** You have the right to communicate with health care providers in confidence and to have the confidentiality of your individually identifiable health care information protected. You also have rights as stated in the Notice of Privacy Practices.
- **Financial Inquiries:** You have the right to review your healthcare bills.
 - Have an explanation of benefits and services.
 - Use the disputed claims process when there is a disagreement.
- **Fraud, Waste and Abuse:** If you suspect fraud, waste or abuse with your treatment, you have the right to ask questions about your medical charges.
 - Report wrongdoing and fraud to supervisor and/or the owner.
 - Or legal authorities if inquiry is left unanswered.
- **Complaints and Appeals:** You have the right to a fair and efficient process for resolving differences with the healthcare provider that serves you. Ask to speak to the supervisor if you have a complaint.

By signing below, I acknowledge I have read and understand my Rights and Responsibilities as a patient of Value Specialty Pharmacy.

Signature of Patient or Personal Representative

Name of Patient

Date

If Personal Representative is signing for the patient please provide your name, address, documentation and description of your ability to sign on behalf of the patient.

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: (_____) _____ E-Mail Address: _____

Relationship: _____



Please retain a copy for yourself and mail the original to: Value Specialty Pharmacy, 1333 Plank Rd, Suite 200, Duncansville, PA 16635
Phone (855) 265-8008 | Fax (814) 283-2211