

Patient Bill of Rights and Responsibilities

You as the patient, have a responsibility to:

- **Medical History:** Provide, to the best of your ability and knowledge, accurate and complete information concerning your medical history.
 - Provide accurate medical and contact information and update Value Specialty Pharmacy of any changes
- **Understand Your Treatment:** Inform a member of our staff if you do not clearly understand the treatment and/or the plan for care.
 - Notify Value Specialty Pharmacy of any concerns about the care or services provided.
 - Notify the treating provider of participation in the services provided by Value Specialty Pharmacy
 - Maintain any equipment that is provided to you (if applicable).
- **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.
 - Submit forms that are necessary to receive services.

You, as the patient, have the following rights:

- **Right to be Fully Informed:** You have the right to be informed of your responsibilities and rights.
- **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.
 - You have the right to receive appropriate care without discrimination in accordance with physician's orders.
 - 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.
 - You have the right to be free from mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- **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.
 - Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of interactions, as well as any modifications to the care plan.
 - Receive information about the scope of services that the organization will provide and specific limitations on those services.
 - Participate in the development and periodic revision of the plan of care.
 - 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.
 - Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
 - Be able to identify visiting personnel members through proper identification.
 - Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
 - Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.



Please retain a copy for yourself and mail the original to: Value Specialty Pharmacy
4200 Industrial Park Drive, Altoona, PA 16602
Phone (855) 265-8008 | Fax (844) 812-6227

- **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.
 - Be advised on VSP's policies and procedures regarding the disclosure of clinical records.
 - If a family member or legal guardian or other designated person will be representing you, please ask for an Authorization for Request for Access to Records Release of Information Form.
- **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.
 - Be informed orally and/or in writing, in advance of care being provided of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
 - Be informed of any financial benefits when referred to an organization.
- **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 suspected wrongdoing and fraud to a VSP team member and/or the Pharmacist in Charge 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.
- **Patient Management Program**
 - You have the right to voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
 - Have the right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
 - You have the right to know about the philosophy and characteristics of the Patient Management Program.
 - You have the right to have personal health information shared with the Patient Management Program only in accordance with state and federal law.
 - You have the right to identify the program's staff members, including their job title and to speak with a staff member's supervisor if requested.
 - You have the right to speak to a health professional within the Patient Management Program.
 - You have the right to receive information about the Patient Management Program.
 - You have the right to receive administrative information regarding changes in, or termination of, the Patient Management Program.
 - You have the right to decline participation, revoke consent or disenroll at any point in time in the Patient Management Program.

Please utilize the accreditation websites below to facilitate the complaint process if you feel you have exhausted all resources within our organization to obtain client satisfaction or voice concern.

Accreditation Commission for Health Care (ACHC) - www.achc.org or call 855-937-2242

Utilization Review Accreditation Commission (URAC) - www.urac.org or call 202-216-9010



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