Patient rights and responsibilities.

Each patient has the right to:

- Be treated with dignity and respect without regard to race, sex, color, creed, gender identity, sexual preference, age, national or ethnic origin, diagnosis, or source of payment.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, and misappropriation of client/patient property.
- Be provided with information regarding available services, insurance coverage, and other charges, in writing or orally if applicable.
- Be informed in advance about any changes in the care or treatment as it pertains to their well-being.
- Speak to a health professional and receive counseling regarding prescribed therapy in order to reach the highest level of self-care and wellness.
- Make informed decisions about his/her care and actively participate in the planning of care.
- Receive information about the philosophy and characteristics of the patient management program and all of the services we provide at the specialty pharmacy. We work with the patient's insurance company, prescriber, and the patient to coordinate care and help the patient achieve the most from their therapy.
- Receive information about the patient management program.
- Have protected health information shared with the patient management program in accordance with applicable law.
- Continuity of care and service provided by personnel who are qualified through education and experience to perform the service for which they are responsible.
- Refuse treatment, within the confines of the law, after being fully informed of and demonstrating understanding of the consequences of such action.
- Confidentiality and privacy in treatment and care, including confidential treatment of patient records, and the right to refuse their release to any individual outside the pharmacy, except as required by law.
- Voice complaints and grievances and be informed of the

procedure for registering complaints without reprisal, coercion, or unreasonable interruption of services.

- Decline participation, revoke consent, or leave the patient management program at any time.
- Receive administrative information regarding changes in, or termination of, the patient management program.
- Identify the program's staff members, including their job titles, and to speak with a staff member's supervisor, if requested.

Each patient is responsible for:

- Providing accurate and complete information regarding his/her medical history.
- Agreeing to a schedule of services and reporting any cancellation of scheduled services.
- Participating in the development and update of a plan of care.
- Communicating whether he/she clearly understands the course of treatment and plan of care.
- Following the plan of care.
- Reporting problems, unexpected changes in physical condition, hospitalizations, concerns, or complaints.
- Accepting responsibility for his/her actions if refusing treatment.
- Fulfilling financial obligations for goods and services provided.
- Providing accurate clinical and contact information and notifying the patient management program of changes in this information, including changes in address, telephone number, or insurance coverage.
- Submitting any forms that are necessary to participate in the program, to the extent required by law.
- Notifying their treating provider of their participation in the patient management program, if applicable.

Pharmacy

Publix Pharmacy's Patient Rights and Responsibilities acknowledgement

By signing below, I acknowledge that I have received a copy of Publix Pharmacy's Notice of Privacy Practices on the date signed below.

_____

Patient Name (Please print)

_____

Patient's Signature   Date

If this form is signed by someone who is not the patient listed above (e.g., a parent/guardian/legal representative), please provide the signor's/signatory's name and his or her authority to act for the patient.

_____

Signed by (Please print)

_____

Authority to sign on patient's behalf