

PATIENT BILL OF RIGHTS & RESPONSIBILITIES

STANDARD OPERATING PROCEDURE

POLICY NUMBER RHMP-006

URAC CPE 2-2.b, 2-2.i, PM 2-1.a, 2-1.b

ACHC DRX 2-1B, 2-2A.01, 2-2B, 7-17A

Rochester Health Mart Pharmacy

Policy Owner: Patrick Davis

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Revision Date: 12/15/2025

Version: 9.0

Scope

Define the companies Patient Bill of Rights for providing Specialty Pharmacy Services

Guidelines

Rochester Health Mart Pharmacy employees are expected to understand and adhere to this standard operating procedure at all times.

Policy

A copy of the Patient Bill of Rights and Responsibilities is given to every new patient with their first prescription. It is included in the Welcome Kit and packaged with their first shipment of medication and supplies.

Procedure

Rochester Health Mart Pharmacy customers have a right to be notified in writing of their rights and obligations before care/service is initiated. Rochester Health Mart Pharmacy has an obligation to protect and promote the rights of their customers to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations, and standards, including the following:

Patient Rights

- You have the right to be fully informed *in advance* about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- You have the right to avoid care with no discrimination based on race, color, religion, national origin, sex, age, disability, retaliation, genetic information, harassment, pregnancy, or sexual harassment.
- You have the right to know about the philosophy and characteristics of the patient management program.
- You have the right to be informed, both orally and 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.
- You have the right to get important information about your care appropriate to your age, understanding, and language (If you have vision, speech, hearing and/or other impairments, we can provide support to ensure your needs are met)
- You have the right to receive information about the scope of services that the organization will provide and specific limitations on those services.
- You have the right to receive administrative information regarding changes in or termination of the patient management program.
- You have the right to participate in the development and periodic revision of the plan of care.
- You have the right to refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- You have the right to be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- You have the right to have your property and person treated with respect, consideration, and recognition of

client/patient dignity and individuality.

- You have the right to be made aware of drug recalls and how to manage recalled drugs (pharmacist will provide instruction based on recall)
- You have the right to be able to identify visiting personnel members through proper identification.
- 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.
- You have the right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect for property investigated.
- You have the right to confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- 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 be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- You have the right to choose a health care provider, including choosing an attending physician, if applicable
- You have the right to receive appropriate care without discrimination in accordance with physician orders, if applicable
- You have the right to be informed of any financial benefits when referred to an organization.
- You have the right to be fully informed of one's responsibilities.
- You have the right to speak with a health professional.
- You have the right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
- You have the right to decline participation, revoke consent, or disenrollment at any point in time.

Patient Responsibilities

- You are responsible for providing as much information about your health and medical history as possible, including your other medications, vitamins, herbs and supplements, and allergies.
- You are responsible for asking questions, especially if you do not understand or need more information.
- You should treat our staff with courtesy and respect.
- You should actively participate in your care and follow the instructions for taking medication as directed. You are responsible for the outcomes of not following your plan of care.
- You are responsible for meeting your financial responsibility.
- You are responsible for communicating side effects to your pharmacist or prescriber right away.
- You are responsible for storing your medications appropriately.
- You are responsible for disposing unused medication in a safe method (Our pharmacists can provide instructions for disposal if necessary)
- You are responsible for submitting any form that is necessary to participate in the program, to the extent required by law.
- You are responsible for giving accurate clinical and contact information and notifying the patient management program of changes in this information.

- You are responsible for notifying your treating provider of your participation in the patient management program, if applicable

Customer Information:

After-Hour Services:

- Rochester Health Mart Pharmacy's normal business number 1-888-498-5438, the patient will hear prompting to direct them to the appropriate line of after hour business. A pharmacist will return your call 24 hours/7 days a week. You may leave a message for non-urgent matters or refill request at the Toll-free number 1-888-498-5438 at any time by following designated prompts.

Complaint Procedure:

1. You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. Call the pharmacy toll free at 1-888-498-5438 and ask to speak with the Director of Pharmacy during regular business hours or the company representative if you are calling outside of regular business hours, including weekends and holidays.
2. Additionally, we have added the option to leave a complaint on our company webpage. Navigate to www.memawrx.com, and under the 'Resources' button you will find a simple to use form ('Patient Complaint Form') where you can submit complaints directly to our management team.
3. The formal grievance procedure of Rochester Health Mart Pharmacy ensures that your concerns/complaints will be reviewed, and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.
4. If you feel the need to discuss your concerns, dissatisfaction, or complaints with a party other than Rochester Health Mart Pharmacy staff, please file a complaint with the Pennsylvania Board of Pharmacy complaints division. The hours of operation are Monday through Friday 8:30 a.m. to 4:30 p.m. The telephone number is 717-783-7156 or you can email ST-PHARMACY@pa.gov
 - a. Please see RHMP-005 for a full list of contact information for each state's Board of Pharmacy.
5. You may also reach out to our accrediting bodies if you feel that a complaint would be best directed toward them. You can reach out to the Accreditation Committee for Health Care (ACHC) at 855-937-2242 or to Utilization Review Accreditation Committee (URAC) at 202-326-3941.

Training

This policy will be maintained in a hardcopy and made available with operational files.

Violation/Disciplinary Action

Associates who violate this policy are subject to disciplinary action up to and including discharge.

Approvals/Change History

Last Edited By:	Reason for Change:	Date	Version
Patrick D Davis – GM	N/A	10/01/2017	1.0
Patrick D Davis – GM	N/A	11/06/2017	1.1
Patrick D Davis – GM	N/A	01/09/2018	2.0
Patrick D Davis – GM	N/A	04/04/2018	2.1
Patrick D Davis – GM	N/A	11/06/2018	2.2
Patrick D Davis – GM	N/A	06/04/2019	3.0

Patrick D Davis – GM	N/A	08/07/2019	3.1
Noah C Kairis – AGM	N/A	10/21/2019	3.2
Patrick D Davis – DOO	N/A	02/26/2020	4.0
Harrison J Young – CO	Format update, per URAC review suggestions	04/20/2020	4.1
Harrison J Young – CO	Added instructions on new complaint procedure, as well as accrediting body contact information	03/16/2021	5.0
Harrison J Young – CO	Annual policy review	04/20/2021	5.1
Harrison J Young – CO	Annual policy review. Added patients' rights to receive care without discrimination	04/20/2022	6.0
Harrison J Young – CO	Annual policy review	10/05/2023	7.0
Harrison J Young – CO	Annual policy review	11/10/2024	8.0
Harrison J Young – CO	Annual policy review	12/15/2025	9.0