The BioPlus Family of Pharmacies

Patient Rights and Responsibilities: You Have a Voice in Your Care.

Your Rights as a Patient

As a patient of BioPlus Specialty Pharmacy, a Carelon Company, and its family of pharmacies, you have the right to:

1. Be fully informed at the time of admission or before the start of treatment of your rights and responsibilities.

2. Know which products the company will provide and any limitations on those offerings.

3. Receive considerate and respectful care regardless of age, race, color, sex, national origin, or whether or not an Advanced Directive has been executed. This applies to you and your property.

4. Know about the philosophy, characteristics, scope, and limitations of the Patient Management Program.

5. Decline participation in or disenroll from the Patient Management Program.

6. Identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.

7. Receive information about the Patient Management Program and up to date information about your condition, treatment, alternative treatments, and care plan.

8. Be free from verbal, physical, sexual, and psychological abuse, to have yourself and your property treated fairly and with dignity.

9. Review your medical insurance before you begin therapy. You have the right to review and receive an explanation of your bill, including the expected sources of payment. As with other healthcare services, you may be responsible for certain charges related to your therapy. You have the right and responsibility to discuss your need for a special payment plan with members of the company's Reimbursement Department. If you are referred to an organization, you have the right to be informed of any financial benefit.

10. To choose your healthcare providers and receive appropriate care without discrimination and in accordance with physician's orders.

11. Review your medical records, at any reasonable time, with the permission of your doctor.

12. Receive administrative information regarding changes in or termination of the Patient Management Program.

13. Participate in developing your plan of care and discharge plan; to be informed of all services the agency provides; when and how services will be provided, and the name and function of any person and affiliated agency providing care and services.

14. Receive training in the prescribed therapy. The reason for its use, and any possible side effects related to the use of drugs, supplies, and equipment will be explained. Written instructions, demonstrations, and supervision by a registered nurse will be provided, until you are able to repeat the required tasks safely.

15. Receive supplies and equipment delivered at a time that is mutually acceptable to you and the Pharmacy.

16. Speak with a health professional. To access the Pharmacy staff as needed. Ongoing care includes both direct and indirect care by staff experienced in the therapy you receive. This includes 24-hour access to nursing staff and/or pharmacy staff.

17. Have personal health information shared with the Patient Management Program only in accordance with state and Federal law.

18. Expect privacy including confidential handling of all your medical records and to refuse release of records to any individual outside the company, except in the case of transfer to another health facility, and as otherwise provided by law, third-party payer contract, or as described in the Notice of Privacy Practices.

19. Refuse treatment, to the extent permitted by law, after being fully informed of the results of such a decision.

20. Lodge a complaint to the pharmacist about any concern, treatment, or care and expect an answer to any complaints or concerns you discuss with the company within the time frame required by the carrier, but not more than 5 business days following the complaint without concern of discrimination, interference, coercion, or reprisal. If after continued discussion you are still not satisfied, your paperwork lists several applicable hotlines that are available to lodge a complaint or start an investigation.

21. Receive information on the proper use and storage of your prescription medication.

22. Receive instruction of drug recalls.

23. Be fully informed of your responsibilities.

24. Receive instruction on how to receive medication during a disaster or if a delay occurs.

25. Formulate an Advanced Directive according to state law.

26. Have any person of your choosing be a part of the pharmacy consultation or care planning.

27. These rights pertain to the legal guardian if the patient is legally incompetent or a minor, according to state law.

Your Responsibilities as a Patient

As a patient, you have the responsibility to:

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, insurance coverage, and other issues pertinent to your therapy.

2. To carry out your therapy as instructed, to maintain a safe home setting for the storage and proper use of your medications, and to be available or return calls to pharmacy staff to discuss response and tolerance of therapy once you have been introduced to our pharmacy and Patient Management Program.

3. Notify the pharmacy's nurse or pharmacist of side effects or significant changes in your medical condition.

4. Participate in planning your care.

5. Respond to our outreach to schedule your next refill.

6. Communicate if you do not comprehend the course of treatment or care plan.

7. Respect the rights of pharmacy personnel.

8. Review the information about our company sent to you in your first shipment.

9. Call our office if you have any questions about the company's information or about your consent forms.

10. Sign and return your consent forms if required by your insurance plan.

11. Take care of and maintain any equipment that is provided to you by the company.

12. Notify the pharmacy of any changes to your contact information.

13. Request more information about anything you do not understand, including billing questions.

14. Notify the pharmacy if you are admitted to a hospital, if the doctor stops your therapy, or if you plan to travel while receiving therapy.

15. Submit any forms that are necessary to participate in the program, to the extent required by law.

16. Notify your treating provider of participation in the Patient Management Program, if applicable.

17. Pay certain charges should they not be covered by your insurance and/or arrange special payment plans as needed.

18. Voice complaints or concerns about treatment issues to the pharmacy staff or to a pharmacist.

- If you are in the state of CT and you have a concern that an error may have occurred in the dispensing of your prescription you may contact the Department of Consumer Protection, Drug Control Division, by calling 1-860-713-6065.

- If you are in the state of FL call Home Health Hotline 1-888-419-3456, if you need to resolve any complaints or need questions answered regarding a Home Health Agency. Hours of operation: 8:00 a.m to 5:00 p.m. Monday through Friday except holidays.

- If you are in the state of FL and need to report abuse, neglect, or exploitation: 24 Hour Hotline 1-800·96A·BUSE (1-800-962-2873).

- If you are in the state of TX and need to report abuse, neglect, or exploitation: Abuse Hotline: 800-252-5400.

- If you are in the state of SC call for Home Health complaints: 803-545-4370 or http://www.scdhec.gov/Health/FindingQualityHealthcare/FileaComplaint/FileaComplaint-AllOtherHealthcareFacilities/

- If you are in the state of Maine, mail complaint to Complaint Coordinator, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333-0035.

- If you are in the state of CA and Medi-Cal patient for a complaint call: 916-552-9500 or email: specialtyprovider@dhcs.ca.gov

- Accreditation Commission for Health Care: 1-919-785-1214.

The products and/or services provided to you by the pharmacy are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations § 424.57(c). These standards concern business professional and operational matters. The full text of these standards can be obtained at http://www.ecfr.gov. Upon request we will furnish you a written copy of these standards. The products and/or services provided to you by the pharmacy are subject to Florida Patient's Bill of Rights and Responsibilities shown at Florida Statutes § 381.026. The full text of this statute can be obtained at http://www.leg.state.fl.us/statutes/. Upon request we will furnish you a written copy of these rights and responsibilities.

Get Help in Your Language

Aside from helping you understand your privacy rights in another language; we also offer this notice in a different format for members with visual impairments. If you need a different format, please call your pharmacy at the phone number on your medication label or at 1-888-292-0744 for help.

The pharmacy offers free translation and interpretation in your language for prescription use. This includes help talking with a pharmacist, understanding the prescription label, and understanding other written info. We also provide free aids like braille or large print. Contact the pharmacy to get these services quickly.

Arabic
تقدم الصيدلية الترجمة التحريرية والترجمة الشفهية الفورية مجانًا بلغتك لاستخدام الوصفة الطبية. يتضمن ذلك المساعدة في التحدث معالصيدلي وفهم ملصق الوصفة الطبية وفهم المعلومات المكتوبة الأخرى. كما نقدم مساعدات مجانية مثل طريقة برايل أو الطباعة بالأحرف ال لكبيرة. بادر بالاتصال بالصيدلية للحصول على هذه الخدمات سريعًا.

Armenian
Դեղատունն առաջարկում է անվճար բանավոր և գրավոր թարգմանություն ձեր լեզվով դեղատոմսով դեղերի մասին տեղեկությունների համար: Սա ներառում է օգնություն դեղագործի հետ խոսելու, դեղատոմսի պիտակը հասկանալու և գրավոր այլ տեղեկություններ ստանալու հարցում: Մենք տրամադրում ենք նաև անվճար օժանդակ նյութեր, ինչպիսիք են բրայլը կամ մեծատառ տպագրությունը: Այս ծառայություններն արագ ստանալու համար կապ հաստատեք դեղատան հետ:

Chinese
药房提供您语言的免费翻译和口译供处方使用。这包括帮助与药剂师交谈、了解处方标签以及了解其他书面信息。我们还提供免费辅助工具，如盲文或大字版。请联系药房以快速获得这些服务。

Farsi
داروخانه به شما خدمات ترجمه کتبی و شفاهی رایگان برای نحوه مصرف دارو ارائه می‌دهد. این خدمات عبارتند از کمک در صحبت با داروساز، درک برچسب دارو و فهمیدن سایر اطلاعات مکتوب. ما همچنین کمک‌های رایگانی مانند خط بریل یا چاپ درشت ارائه می‌دهیم. برای دریافت سریع این خدمات با داروخانه تماس بگیرید.

French
La pharmacie propose une traduction et une interprétation gratuites dans votre langue pour l'utilisation des ordonnances. Cela comprend une l’aide pour discuter avec un pharmacien, comprendre l’étiquette de prescription et d’autres informations écrites. Nous fournissons également des aides gratuites comme le braille ou les gros caractères. Contactez la pharmacie pour disposer rapidement de ces services.

Haitian- Creole
Famasi a ofri tradiksyon ak entèpretasyon gratis nan lang ou pou itilizasyon preskripsyon. Sa enkli èd pou pale ak yon famasyen, konprann etikèt preskripsyon an, ak konprann lòt enfòmasyon ekri. Nou bay èd gratis tankou bray oswa gwo lèt. Kontakte famasi a pou w jwenn sèvis sa yo byen vit.

Italian
Per i farmaci soggetti a prescrizione, la farmacia offre servizi gratuiti di traduzione e interpretariato nella tua lingua. Ciò include la comunicazione con un farmacista, la comprensione dell'etichetta dei farmaci prescritti e la comprensione di altre informazioni. scritte. Forniamo inoltre supporti gratuiti come il braille o la stampa in caratteri grandi. Contatta subito la farmacia per ottenere questi servizi.

Japanese
当薬局では、処方箋の使用に際して、お客様の言語への翻訳・通訳サービスを無料で提供しています。このサービスには、薬剤師との会話、処方箋ラベルの理解、その他の書面による情報の理解に関する支援が含まれます。また、点字や拡大文字などの補助資料も無料で提供しております。薬局にご連絡いただければ、迅速にサービスをご提供いたします。

Korean
처방전 사용을 위해 귀하의 언어로 무료 번역 및 통역 서비스를 약국에서 제공합니다. 여기에는 약사와의 상담, 처방전 라벨 이해, 기타 서면 정보 이해에 대한 지원이 포함됩니다. 점자나 대형 인쇄본과 같은 무료 보조 도구도 제공합니다. 해당 서비스를 신속하게 받으시려면 약국에 연락하시기 바랍니다.

Polish
Jeśli chcesz zrealizować receptę w swoim języku, apteka może zapewnić Ci bezpłatne tłumaczenia pisemne i ustne. Oferowana pomoc dotyczy komunikowania się z farmaceutą i zrozumienia etykiety leku oraz innych zapisanych informacji. Udostępniamy również bezpłatne pomoce, takie jak informacje zapisane alfabetem Braille'a lub dużym drukiem. Aby szybko skorzystać z tych usług, skontaktuj się z apteką.

Portuguese
A farmácia oferece tradução e interpretação gratuitas no seu idioma para uso de receitas. Isso inclui ajuda para falar com um farmacêutico, entender o rótulo da receita e entender outras informações escritas. Também fornecemos recursos gratuitos, como braille ou letras grandes. Entre em contacto com a farmácia para obter esses serviços rapidamente.

Punjabi
ਫਾਰਮੇਸੀ ਨੁਸਖ਼ੇ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਅਨੁਵਾਦ ਅਤੇ ਵਿਆਖਿਆ ਦੀ ਪੇਸ਼ਕਸ਼ ਕਰਦੀ ਹੈ। ਇਸ ਵਿੱਚ ਇੱਕ ਫਾਰਮਾਸਿਸਟ ਨਾਲ ਗੱਲ ਕਰਨ ਵਿੱਚ ਮਦਦ, ਨੁਸਖ਼ੇ ਦੇ ਲੇਬਲ ਨੂੰ ਸਮਝਣਾ, ਅਤੇ ਹੋਰ ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣਾ ਸ਼ਾਮਲ ਹੈ। ਅਸੀਂ ਬ੍ਰੇਲ ਜਾਂ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਰਗੀਆਂ ਮੁਫ਼ਤ ਸਹਾਇਤਾ ਵੀ ਪ੍ਰਦਾਨ ਕਰਦੇ ਹਾਂ। ਇਹ ਸੇਵਾਵਾਂ ਜਲਦੀ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਫਾਰਮੇਸੀ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Russian
Аптека предлагает бесплатный письменный и устный перевод на ваш язык для информации о рецептурных препаратах. Это включает в себя помощь в общении с фармацевтом, понимание этикетки рецепта и другую письменную информацию. Мы также предоставляем бесплатные вспомогательные материалы, такие как шрифт Брайля или крупный шрифт. Обратитесь в аптеку, чтобы получить эти услуги быстро.

Spanish
La farmacia ofrece servicios de traducción e interpretación gratuitos en su idioma para su uso con medicamentos recetados. Esto incluye ayuda para hablar con un farmacéutico, comprender la etiqueta de los medicamentos recetados y comprender otra información escrita. También ofrecemos ayuda gratuita, como braille o letra grande. Comuníquese con la farmacia para obtener estos servicios rápidamente.

Vietnamese
Nhà thuốc cung cấp bản dịch và thông dịch miễn phí bằng ngôn ngữ của quý vị cho sử dụng toa thuốc. Điều này bao gồm trợ giúp nói chuyện với dược sĩ, hiểu toa thuốc và hiểu các thông tin bằng văn bản khác. Chúng tôi cũng cung cấp các hỗ trợ miễn phí như chữ nổi braille hoặc bản in chữ lớn. Vui lòng liên hệ với nhà thuốc để nhận được những dịch vụ này một cách nhanh chóng.

Tagalog
Nag-aalok ang botika ng libreng pagsasalin at interpretasyon sa iyong lengguwahe para sa paggamit ng reseta. Kabilang dito ang tulong sa pakikipag-usap sa isang parmasyutiko, pag-unawa sa tatak ng reseta, at pag-unawa sa iba pang nakasulat na impormasyon. Nagbibigay din kami ng mga libreng tulong tulad ng braille o malaking print. Makipag-ugnayan sa parmasya upang mabilis na makuha ang mga serb.