

Harness Health Home Delivery & Specialty Pharmacy

Patient Rights and Responsibilities



Harness Health Specialty Pharmacy

Patient Rights and Responsibilities



Harness Health
Pharmacy

Patient Rights and Responsibilities Per BSMH Policy

As a Harness Health Specialty Pharmacy patient, you have the right to:

- Be treated with respect, dignity, courtesy and fairness and given appropriate and professional quality of pharmacy services without discrimination by all our pharmacy staff.
- Speak with a pharmacist about any questions or concerns about your medication.
- You have the right to obtain identification of staff members, including their job title, and to speak with a staff member's manager.
- Get information about our Patient Management Program (PMP). You have the right to know about the characteristics of the PMP including philosophy and characteristics; health information shared with the patient management program only in accordance with state and federal law; and decline participation, revoke consent, or disenroll at any point in time from services or treatment.
- Participate in the development of your plan of care and be advised of any change in the plan of care or PMP services provided prior to the change being made. You have the right to speak to a member of your care team during our normal hours, and in emergencies after hours, with an on-call pharmacist.
- Discuss your specific drug treatment, possible side effects and interactions with other drugs, supplements or foods and to get complete counseling and education from your Harness Health Specialty Pharmacist.
- Refuse treatment within the confines of the law, and to be informed of the consequences of refusing treatment.
- Receive administrative information regarding changes, in or termination of, the Patient Management Program.
- Voice grievances or file a complaint to pharmacy management without fear of discrimination or reprisal.
- Be informed of your rights under state law to formulate advanced directives.
- Be informed of what to do and resources available in the event of an emergency or a natural disaster that prevents us from filing your prescription(s) in a timely manner.
- Be helped and get special consideration for language barriers in order to achieve proper understanding of services provided (e.g., non-English speaking clients have the right to an interpreter, and deaf, blind, or clients who can't read have the right to other materials and interpretation for effective communication).
- Be informed within a reasonable amount of time if we cannot fill your prescription. We will provide you with instructions on your options to get the prescription filled from another source.
- Be informed of any financial benefits and responsibilities, including deductibles, copayments and coinsurance when referred to an organization or another pharmacy provider.
- Get a timely response from pharmacy staff upon your prescriber's request for service.
- Be informed of limitations of services and care provided by the pharmacy. We will obtain your insurance information so that we can properly bill your prescriptions. If this information changes, let us know us as soon as possible. If your insurance plan requires prior authorization, we will contact your prescriber or insurance plan to resolve this issue. If you are unable to pay the copayment or you do not have insurance, please call us to discuss options, as there are numerous patient assistance programs, manufacturer coupons available for which you may be eligible.
- Contact Harness Health Specialty Pharmacy with any complaints and/or grievances about medication or privacy matters at 866-775-5767 Option 6 and ask for Pharmacy Manager or send an email to specialtypharmacy@harnesshp.com.
- Receive FDA-approved generic medications when available.
- Be informed of any product recalls. We follow FDA regulations regarding drug recalls. In the event of a recall, all affected products are removed from inventory. If a product was sent to patients, those patients will be notified, and your health care provider may be notified as well.

As a Harness Health Specialty Pharmacy patient, you have the responsibility to:

- Provide correct clinical and contact information. Let us know of any changes in your condition such as a hospital stay or stopping your medication or treatment.
- Follow instructions about storing your medications.
- Follow the plan of care, which includes following pharmacist directions to stay compliant to therapy, and to accept responsibility for the neglect or refusal of any services.
- Notify us of any address or schedule changes that may need to be made prior to a scheduled delivery.
- Let us know of any problems or concerns, or issues with services rendered.
- Notify the treating provider of your participation in our patient management program, if applicable.
- Participate in mutually agreed responsibilities, and to submit any forms needed to be in the program, to the extent required by law.
- Though not common, let us know as soon as possible and within three business days of receipt, if you notice your medication is damaged or altered during shipment.

Harness Health Home Delivery Pharmacy

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As a Harness Health Home Delivery Pharmacy patient, you have the right to:

- Be treated with respect, dignity, courtesy and fairness and given appropriate and professional quality of pharmacy services without discrimination by all our pharmacy staff.
- Speak with a pharmacist about any questions or concerns about your medication.
- Get identification of staff members, including their job title, and to speak with a staff member's manager.
- Discuss your specific drug treatment, possible side effects and interactions with other drugs, supplements or foods and to get a complete counseling and education from your Harness Health Home Delivery Pharmacist.
- Refuse treatment within the confines of the law, and to be informed of the consequences of refusing treatment.
- Voice grievances or file a complaint to pharmacy management without fear of discrimination or reprisal.
- Receive a copy of the DMEPOS Supplier Standards and "Medicare Prescription Drug Coverage and Your Rights" for Medicare recipients of services.
- Be informed of your rights under state law to formulate advanced directives.
- Be informed of what to do and resources available in the event of an emergency or a natural disaster that prevents us from filling your prescription(s) in a timely manner.
- Be helped and get special consideration for language barriers so you understand the services provided (non-English speaking clients have the right to an interpreter, and deaf, blind or clients who can't read have the right to other materials and interpretation for effective communication).
- Be informed within a reasonable amount of time if we cannot fill your prescription. We will provide you with instructions on your options to get the prescription filled from another source.
- Be informed of any financial benefits and responsibilities, including deductibles, copayments and coinsurance when referred to an organization or another pharmacy provider.
- Get a timely response from pharmacy staff upon your prescriber's request for service.

- Be informed of limitations of services and care provided by the pharmacy. We will get your insurance information so we can properly bill your prescriptions. If this information changes, please let us know as soon as possible. If your insurance plan requires prior authorization, we will contact your prescriber or insurance plan to resolve this issue. If you are unable to pay the copayment or you do not have insurance, please call us to discuss options, as there are numerous patient assistance programs, manufacturer coupons available for which you may be eligible.
- Contact us with any complaints and/or issues about medication or privacy matters at 866-775-5767 Option 0 and ask for Pharmacy Manager or send an email to homedelivery@harnesshp.com.
- Receive FDA-approved generic medications when available.
- Be informed of any patient level product recalls. We follow FDA regulations regarding drug recalls. In the event of a recall, all affected products are removed from inventory. If a product was sent to patients, those patients will be notified, and your health care provider may be notified as needed.

As a Harness Health Home Delivery patient, you have the responsibility to:

- Provide correct clinical and contact information. Let us know of any changes in your condition such as a hospital stay or stopping your medicine or treatment.
- Follow instructions about storing your medications.
- Follow the plan of care, which includes pharmacist directions to stay compliant to therapy, and to accept responsibility for the neglect or refusal of any services.
- Let us know of any address or schedule changes that may need to be made before a scheduled delivery.
- Notify us of any problems, concerns or issues with services rendered.
- Participate in mutually agreed responsibilities, and to submit any forms needed to be in the program, to the extent required by law.
- Though not common, let us know as soon as possible and within three business days of receipt, if you notice your medication is damaged or altered during shipment.