



Pharmacy Patient Rights and Responsibilities

As a patient, you have many rights and responsibilities. If you have any questions about these rights and responsibilities, please call The Ohio State University Outpatient Pharmacy at 614-685-1672 (Toll-Free: 844-511-5891). If you are unable to ask about your rights, your guardian or other legally responsible person may do so on your behalf.

We support your right to:

- Select healthcare providers, including an attending physician, and those who provide you with pharmacy services
- Speak to a healthcare professional
- Receive the appropriate care or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, or physical or mental handicap in accordance with physician orders, if applicable
- Be treated with courtesy and respect by each individual representing our pharmacy who provided treatment or services for you
- Be free from mistreatment, neglect and verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Assist in the development, preparation and periodic revision of your plan of care that is designed to best satisfy your current needs
- Be provided adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another healthcare provider or the termination of services
- Express concerns and grievances or recommend modifications to your pharmacy in regard to services or care, without fear of discrimination or reprisal
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our pharmacy's policies, procedures and charges
- Request and receive data regarding treatment, services or costs thereof, privately and with confidentiality
- Be provided information as it relates to the uses and disclosure of your plan of care
- Have your plan of care remain private and confidential, except as required and permitted by law
- Receive instructions on handling drug recalls
- Maintain confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Receive information on how to access support from consumer advocate groups and pharmacy health and safety information, such as consumer rights and responsibilities
- Know about the philosophy and characteristics of the Patient Management Program
- Have PHI shared with the Patient Management Program only in accordance with state and federal law
- Identify the Patient Management Program's staff members, including their job title, and speak with a staff member's supervisor if requested
- Receive information about the Patient Management Program
- Receive administrative information regarding changes in or termination of the Patient Management Program
- Decline participation, revoke consent or disenroll from the Patient Management Program at any time
- Be fully informed in advance about care/services to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care



Your Rights (continued)

- Be informed, both verbally and in writing, in advance of care being provided and of the charges, including payment for care/services expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- 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 Advance Directive, if applicable
- Have your property and person treated with respect, consideration and recognition of client/patient dignity and individuality
- Be able to identify visiting staff members through proper identification
- Voice grievances/complaints regarding treatment or care or lack of respect of property, and to recommend changes in policy, personnel or care/services without restraint, interference, coercion, discrimination or reprisal
- Have a proper investigation of grievances/complaints regarding treatment or care
- Confidentiality and privacy of all information contained in the patient record and PHI
- Be advised on the Outpatient Pharmacy's policies and procedures regarding the disclosure of clinical records
- Be informed of any financial benefits to the Outpatient Pharmacy when referred to an organization

Patients have the responsibility to:

- Be fully informed of your responsibilities
- Provide accurate and complete information regarding your past and present medical history, insurance information and contact information, and notify the specialty pharmacy team with any changes, including delivery address and payment information
- Pay at the time of service
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- Participate in the development and updating of a plan of care
- Communicate whether you clearly comprehend the course of treatment and plan of care
- Comply with the plan of care and clinical instructions
- Accept responsibility for your actions if you refuse treatment or do not comply with the prescribed treatment and services
- Respect the rights of Outpatient Pharmacy personnel
- Notify your physician and the pharmacy of any potential side effects and/or complications
- Notify the Outpatient Pharmacy team via telephone when medication supply is running low so refills may be shipped to you promptly
- Submit any Patient Management Program forms that are necessary to participate in the program to the extent required by law
- Give accurate clinical and contact information, and notify the Outpatient Pharmacy of changes in this information
- Notify your treating provider of your participation in the Patient Management Program, if applicable
- Maintain any equipment provided

For additional rights and responsibilities, please visit wexnermedical.osu.edu or cancer.osu.edu or call Patient Experience at 614-293-8609.

