



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 those who provide you with pharmacy services and choose a health care provider, including choosing an attending physician, if applicable and to speak to a health 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 friendliness, courtesy and respect by each and every individual representing our pharmacy, who provided treatment or services for you and be free from mistreatment, neglect, or 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
- Express concerns, grievances, or recommend modifications to your pharmacy in regard to services or care, without fear of discrimination or reprisal
- Maintain confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI); PHI will only be shared with the Patient Management Program in accordance with state and federal law
- Identify the 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
- Decline participation, or disenroll at any point in time
- Be fully informed in advance about care/service to be provided in the Patient Management Program, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, both verbally 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
- Receive information about the scope of services that the organization will provide and specific limitations on those services

Your Rights (continued)

- 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 Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal and request an appeal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated and request an appeal
- Be advised on The Ohio State University Outpatient Pharmacy policies and procedures regarding the disclosure of clinical records
- Be informed of any financial benefits when referred to The Ohio State University Outpatient Pharmacy

Patients have the responsibility to:

- 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
- Payment is due at the time of service
- 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, refusing treatment or not complying with the prescribed treatment and services
- Respect the rights of the OSU OP employees
- Notify the OSU OP employees via telephone when medication supply is running low so refill maybe 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 to notify OSU OP employees to update the Patient Management Program of changes in this information
- Notify your treating provider of your participation in the patient management program
- 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.

