



Patient Rights and Responsibilities

CONFIDENTIALITY:

It is the policy of Schnucks Pharmacy to treat all patient information confidentially. This includes patient records and conversations. We will investigate any reported violation of this policy. If you have any questions, please ask a Schnucks Pharmacy employee for information. Schnucks Pharmacy makes every effort to provide our patients with an environment, which is safe, private and respectful of our patient's needs. If you have a complaint about our services, facilities or staff, we want to hear from you. We will do everything we can to see that your experience with us is professional in every way.

EACH PATIENT HAS THE RIGHT TO:

1. Be treated with dignity and respect without regard to race, color, creed, sex, age, national or ethnic origin, diagnosis or source of payment.
2. Be provided with information regarding ownership, available services, what is covered and charges.
3. Be informed about his/her illness and treatment, when and how services will be provided, the name and function of any person and agency providing care and service, and the name of person responsible for coordination of care.
4. Be informed of your financial responsibilities including out-of-pocket costs such as deductibles, co-pays, and co-insurance as allowed by our pharmacy software. [CSCD 1-b] Patient financial responsibilities whereby if based on the patients insurance plan, the pharmacy is out of network, the cost charged will be provided in writing to the patient. [CSCD 1-c]
5. Be able to identify visiting personnel members through proper identification.
6. Make informed decisions about his/her care and actively participate in the planning of care.
7. Name another person or agent through an advanced directive to make health care decisions for you in the event you lose the ability to make your own decisions.
8. Be instructed in his/her care therapy in order to reach the highest level of self- care and wellness.
9. Continuity of care and service provided by personnel who are qualified through education and experience to perform the service for which they are responsible.
10. Refuse treatment, within the confines of the law, after being fully informed of and understanding the consequences of such action.
11. Confidentiality and privacy in treatment and care, including confidential treatment of patient records and to refuse release to any individual outside, except in the care or transfer to another health facility, or as required by law or third-party contract.
12. Be advised on policies and procedures regarding disclosure of clinical records.
13. Voice complaint and grievance regarding treatment or care that is (or fails to be) furnished, or lack of respect of property.
14. Be informed of procedure for registering complaints/grievance without reprisal, coercion, discrimination, unreasonable interruption of services.
15. Receive a fair and objective review of any voiced complaint or grievance.
16. Receive prompt response to all reasonable interruption of services.
17. Have cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.
18. Access, request amendment to, and receive an accounting of disclosures regarding own health information as permitted under applicable law.
19. Have his/her property and person treated with respect, consideration and recognition of his/her dignity and individuality.
20. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source or misappropriation of his/her property.



PATIENT IS RESPONSIBLE:

1. For providing accurate and complete information regarding his/her medical history.
2. For agreeing to a schedule of services and reporting any cancellation of scheduled shipments.
3. For participating in the development and updating of a plan of care.
4. For communicating whether he/she clearly understands the course of treatment and plan of care.
5. For following the plan of care and clinical condition.
6. For reporting problems, unexpected changes in physical condition, hospitalizations, concerns or complaints.
7. For accepting responsibility for his/her actions if refusing treatment.
8. For fulfilling financial obligations for services.
9. For respecting the rights of the Schnucks Pharmacy staff.

IN REGARDS TO THE PATIENT MANAGEMENT PROGRAM, EACH PATIENT HAS:

1. The right to know the philosophy and characteristics of the patient management program. [PM 12-a]
2. The right to have personal health information shared with the patient management program only in accordance with state and federal laws. [PM 12-b]
3. The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested. [PM 12-c]
4. The right to speak with a health professional. [PM 12-d]
5. The right to receive information about the patient management program and administrative information regarding changes in, or termination of, the patient management program. [PM 12-e,f]
6. The right to decline participation, revoke consent, or disenroll at any point in time. [PM 12-g]
7. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law. [PM 12-h]
8. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information. [PM 12-i]
9. The responsibility to notify their treating provider of their participation in the patient management program, if applicable. [PM 12-j]

CUSTOMER INFORMATION:

- After Hours Service:
 - An answering service will answer Schnucks Pharmacy phones after normal business hours. You may leave a message and an on-call employee will reach out to you as soon as possible.
- Complaint Procedure:
 - You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive. You have this right without fear of reprisal, discrimination or unreasonable interruption of services. In order to address your complaints and concerns, please call the store and ask to speak with the pharmacy manager or pharmacist on duty. You may ask to speak with any employee you are most comfortable with to report these complaints or concerns.
- Concern/Suspected Errors: [CSCD 1-f]
 - Please contact the pharmacy staff, operations manager, or senior clinical pharmacist to report any concerns and/or suspected errors via telephone (314-344-9201) immediately.
- Schnucks Pharmacy has a grievance procedure that ensures that your concerns/complaints shall 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 30 days. You will be informed verbally of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally.