

PATIENT BILL OF RIGHTS

As a patient, you have the right to:

1. Privacy.
2. Effective communication, including but not limited to correct and understandable information from your WVUH Specialty Pharmacy & Home Infusion Pharmacist concerning your treatment and/or drug therapy.
3. Discuss your medication therapy, including any possible side effects and drug interactions, and to receive counseling and education from your WVUH Specialty Pharmacy & Home Infusion Pharmacist.
4. Expect that all prescribed medications dispensed to you are accurate, effective, and in useable condition.
5. Select a pharmacy of your choice and not be pressured or forced into transferring your prescriptions to another pharmacy.
6. Be fully informed in advance about services/care to be provided.
7. Have one's property and person treated with dignity, courtesy, and respect as a unique individual.
8. Be able to identify WVUH Specialty Pharmacy & Home Infusion representatives and visitors, their name and job title through proper identification (Name badge, Job title), and speak with a pharmacist if requested.
9. Choose a healthcare provider.
10. Receive information about the scope of care/ services that are provided WVUH Specialty Pharmacy & Home Infusion, as well as any limitations to the company's care/service capabilities.
11. Receive upon request evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
12. Coordination and continuity of services from WVUH Specialty Pharmacy & Home Infusion, timely response when care, treatment, services and/or equipment is needed or requested, and to be informed in a timely manner of impending discharge/transfer.
13. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
14. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
15. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
16. Receive information regarding your order status. Patients or caregivers can call the appropriate department and speak with a pharmacy employee: **Home Infusion Patients**
Phone: 304-974-3340 | Toll-free: 1-844-874-3340
17. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
18. Consent or decline to take part in research, investigation, and clinical trials.
19. Receive a copy of the Notice of Privacy Practices describing how their protected health information (PHI) is used and disclosed for purposes of treatment, payment, and healthcare operations as well as how to file complaints and obtain additional information.
20. Expect that PHI contained in the Designated Record Set (DRS) is confidential and will be used by WVUH only for the purposes of treatment, payment, or health care operations as outlined in the Notice of Privacy Practices. PHI will not be disclosed for any other purposes unless the patient has given permission to release information or reporting is required or permitted by law. The patient has the right to restrict access to the extent permitted by law.

21. Review PHI in the DRS, receive a copy, and to have the information explained, except when restricted by law. The patient has the right to request amendment and/or correction to PHI in the DRS. A request for amendment may be denied if the information is accurate and complete based on the provider's professional judgment, the information was not created by WVUH, or it is not subject to the individual's rights of access.

22. Receive an accounting of disclosures of their PHI as permitted by law.

23. If desired, to be referred to other health care providers within an external health care system (ex. Dietician, pain specialist, mental health services, pharmacy etc.). Patient may also be referred to their own prescriber for follow up.

24. Express dissatisfaction/concerns/complaints/grievances for lack of respect, treatment, or service, without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can contact the appropriate department and ask to speak with a pharmacist or supervisor.

Home Infusion Patients

Phone: 304-974-3340 | Toll-free: 844-874-3340

25. If you have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.

26. Be informed of any financial relationships of the pharmacy.

27. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs.

28. Be advised of pharmacy number for after hours as well as normal business hours listed below:
Home Infusion Patients
Monday through Friday 9:00 AM to 5:00 PM EST
Phone: 304-974-3340 | Toll-free: 844-874-3340

29. Be advised of any change in the plan of service before the change is made.

30. Participate in the development and periodic revision of the plan of care/service.

31. Receive information in a manner, format, and/or language that you understand.

32. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.

33. Be fully informed of your responsibilities.

34. Have the right to decline participation, revoke

consent or disenrollment in any services of WVUH Specialty Pharmacy & Home Infusion at any point in time.

35. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

36. Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.

As a patient, it is your responsibility to:

1. Adhere to the plan of treatment or service established by your physician, and to notify him/her of your participation in WVUH Specialty Pharmacy & Home Infusion's Patient Management Program.

2. Adhere to WVUH Specialty Pharmacy & Home Infusion's policies and procedures.

3. Submit any forms necessary to participate in the program, to the extent required by law.

4. Participate in the development of an effective plan of care/treatment/services.

5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services and notify the pharmacy when there is a change.

6. Ask questions about your care, treatment, and/or services.

7. Have clarified any instructions provided by company representatives.

8. Communicate any information, concerns, and/or questions related to perceived risks in your services, and unexpected changes in your condition.

9. Be available to receive medication deliveries, notify WVUH Specialty Pharmacy & Home Infusion if you are unavailable for scheduled delivery times, and coordinate with WVUH Specialty Pharmacy & Home Infusion during times you will be unavailable.

10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.

11. Provide a safe environment for the organization's representatives to provide services.

12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.

13. Communicate any concerns on ability to follow instructions provided.

14. Pay all co-pays as required by insurance coverage and promptly settle unpaid balances except where contrary to federal or state law.

15. Notify WVUH Specialty Pharmacy & Home Infusion of change in prescription or insurance coverage, physician, or physical condition.
16. Notify WVUH Specialty Pharmacy & Home Infusion immediately of address or telephone changes, temporary or permanent.

The information provided in this welcome packet is subject to the West Virginia University Hospitals' Patient Rights and Responsibilities, please visit: <https://wvumedicine.org/about/rights-privacy-and-non-discrimination/patient-rights-and-responsibilities/> for additional information regarding your Patient Rights and Responsibilities.

Customer Information:

After-Hour Services:

WVUH Specialty Pharmacy & Home Infusion's normal business number will direct you to a voicemail box for after hour emergency questions or situations. A pharmacist will return your call 24 hours/7 days a week. You may designated prompts. Please call the appropriate department based on your needs listed below:

Home Infusion Patients

Phone: 304-974-3340 | Toll-free: 844-874-3340

Complaint Procedure:

1. You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. Call the WVUH Specialty Pharmacy & Home Infusion at 304-974-3340 and ask to speak with a supervisor or pharmacist during regular business hours or the company representative if you are calling outside of regular business hours, including weekends and holidays.
2. The formal complaint procedure of WVUH Specialty Pharmacy & Home Infusion ensures that your concerns/complaints will be reviewed, and an investigation started within 5 business days of receipt of the concern/informed in writing of the resolution of the complaint. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.
3. If you feel the need to discuss your concerns, dissatisfaction, or complaints with a party other than WVUH Board of Pharmacy. A signed complaint should be mailed it to 2310 Kanawha Blvd. East Charleston, WV 25311 or faxed to (304) 558-0572. For the complaint form, go to www.wvbop.com.

A signed complaint should be mailed or faxed to:



West Virginia State Board of Pharmacy
2310 Kanawha Blvd E., Charleston, WV 25311
Phone/Fax: 304-558-0558 Monday – Friday 8 am – 4 pm
Email: boardofpharmacy@wv.gov



Accreditation Commission for Health Care
139 Weston Oaks Ct., Cary, NC 27513
Phone: 855-937-2242 Fax: 919-785-3011
www.ACHC.org



Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
Phone: 630-268-7400
www.jcrinc.com/contact-us