



Patient Bill of Rights

To ensure the finest care possible, as a Patient receiving services from Vasco Rx, you should understand your rights and responsibilities involved in your plan of care.

Patient Rights

- Your right to select those who provide you with Pharmacy services
- To receive the appropriate 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
- To 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 neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To provide you with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of your services
- To express concerns, grievances, or recommend modifications to your Pharmacy services, without fear of discrimination or reprisal
- To request and receive in a timely manner complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To 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
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling of a drug recall
- To be informed of any financial benefit the organization may receive from a referral
- To make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help you complete one.
- To maintain confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
- To receive information on how to access support from consumer advocates groups
- To Receive pharmacy health and safety information to include consumers rights and responsibilities
- To know about philosophy and characteristics of the *patient management* program
- To have *personal health information* shared with the *patient management* program only in accordance with state and federal law
- To identify the *staff* member of the program and their job title, and to speak with a supervisor of the *staff* member if requested
- To receive information about the *patient management* program
- To receive administrative information regarding changes in or termination of the *patient management* program
- To decline participation, revoke consent or disenrollment at any point in time
- To receive information about the scope of services that the organization will provide and specific limitations on those services
- To be informed of any financial benefits when referred to an organization
- To be free from mistreatments, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown sources, and misappropriation of client/patient property.

If you have questions, concerns or issues that require assistance, please call 1-602-971-6950. Complaints will be forwarded to management and you will receive a response within 5 business days.