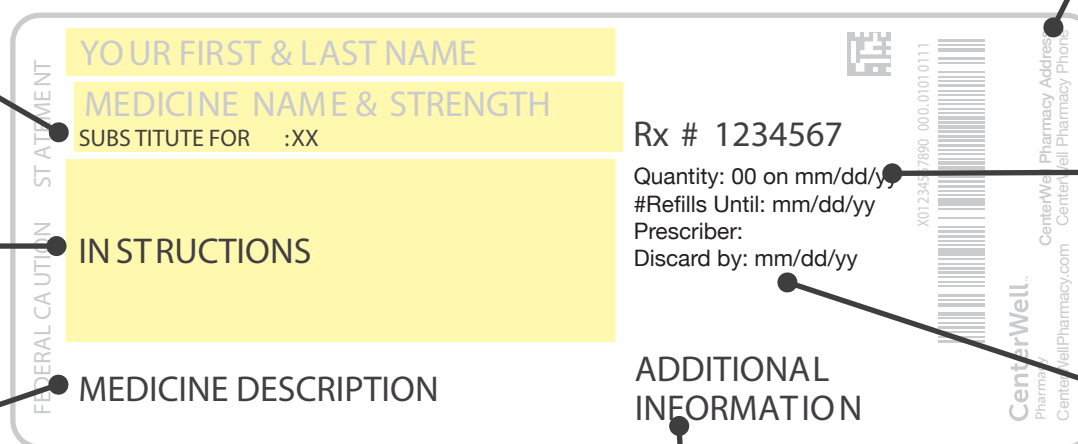




Name of brand
medicine.

Directions on how —
you should take your
medicine.

A physical description of your medicine, including its color, shape, and pill imprints.



Prescriptions or a portion of your prescription(s) may be processed at any CenterWell Pharmacy location—this location is the pharmacy that dispensed your medicine.

- Prescription information, including unique Rx number, quantity dispensed, number of refills, and the provider.

- The medicine's expiration date.

Warnings related to your medicine.



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العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

CenterWell Pharmacy

Patient Bill of Rights

As a CenterWell Pharmacy™ patient, you have the right to:

1. Receive care within the mission and scope of CenterWell Pharmacy that is compliant with current laws and regulations. You have a right to this care without discrimination regardless of race, color, gender, age, religion, national origin, sexual orientation, or diagnosis.
2. Receive respectful considerate service and information at the time that you need it, spoken and written in terms you can reasonably expect to understand, and to participate in decisionmaking about your healthcare and treatment plan.
3. Ask to speak with a CenterWell Pharmacy pharmacist or nurse to receive counseling on your medicine(s), information on administration, such as injection training and management of side effects because of your therapy.
4. Receive information about the available CenterWell Pharmacy Patient Care Management programs including the right to know about the purpose and goal of the patient management program. This includes the following components:
 - The right to receive information about the patient management program
 - The right to receive administrative information regarding changes in, or termination of the patient management program
 - The right to decline participation, revoke consent, or disenroll at any point in time
5. Participate and/or designate care takers to participate in planning your care. This includes participating in the development and periodic revision of the plan of care.
6. Be referred and/or transitioned for additional services as the need arises when these services are out of the scope of services provided by CenterWell Pharmacy. Be informed of any financial benefits when referred to an organization.
7. Be assured that access to, use of and disclosure of your personal health information will be limited to only those parties as permitted by law and/or those parties that you have authorized. In situations where you have authorized access to, use of and disclosure of your personal health information for purposes other than treatment, payment, health plan operations and certain other activities, you have the right to receive a listing of instances where your personal health information was disclosed.
8. Ask for the identity and job title of the staff member you are speaking with and request to speak with a supervisor if desired.
9. File a complaint about any aspect of CenterWell Pharmacy services regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal. The organization provides all clients/patients with written information listing a telephone number, contact person, and CenterWell Pharmacy's process for receiving, investigating, and resolving grievances complaints about its services/care.
10. Get full explanations of services/products you have received, the applicable fees and payment for these services/products and any eligibility policies. You have a right to receive estimated charges for services prior to receiving them and have these charges explained to you.
11. Have the ability to choose a healthcare provider.

Patient responsibilities

As a CenterWell Pharmacy patient, you have the responsibility to:

1. Provide accurate health information including allergies, past illnesses, present symptoms and diagnosis, medicine use, advanced directives and other health care matters and inform CenterWell Pharmacy when this information changes.
2. Provide accurate address, contact phone number, healthcare provider contact information (including phone number), insurance information (when applicable) and inform CenterWell Pharmacy when this information changes.
3. Understand and follow your medicine treatment as it is prescribed by your healthcare provider
 - a. Know your medicine: latest prescribed dose, dose form (pre-filled syringe, pen, etc.).
 - b. Always read the label information on the medicine before taking to ensure correct dosing.
 - c. Always take the right dose of medicine at the right frequency for the entire length of time it is prescribed.
 - d. Tell a pharmacist, nurse or your healthcare provider if you feel your medicine is not working or your symptoms are not resolving.
 - e. Complete monthly counseling, lab work and other tests if required for your medicine.
- 4. Ask questions when you are unsure of any aspect of your medicine therapy.**
5. Notify CenterWell Pharmacy as soon as your medicine has been changed or discontinued by your healthcare provider.
6. Be proactive when refilling medicine.
 - a. Contact CenterWell Pharmacy when you have a weeks' worth of medicine remaining and contact CenterWell Pharmacy to schedule your shipment if you have not received a refill reminder call.
 - b. Know your number of doses (pills, syringes, etc.) remaining when setting up a shipment for refill.
 - c. Anticipate any need to refill your prescription early, such as vacation, and notify CenterWell Pharmacy.
 - d. Call CenterWell Pharmacy immediately if your medicine does not arrive on the day it is expected.
7. Return call(s) from CenterWell Pharmacy regarding medicine refills within 48 hours to ensure your medicine refill is delivered on time to prevent missed doses.
8. Understand the potential consequences of not following your medicine treatment as prescribed by your physician.
9. Meet your financial responsibility of co-pays, etc., for medicines that you have requested to be filled.
10. Assist in developing and maintaining a safe environment for your medicine and supplies, including access, storage and disposal.
11. Always notify healthcare providers, such as doctors, home health agencies or home care nurses when you will not be able to keep a scheduled visit or appointment.
12. Inform CenterWell Pharmacy of complaints or suggestions you may have.
13. Read and be aware of all material distributed by CenterWell Pharmacy explaining your medicine, policies and procedures regarding services.
14. If your treatment involves the use of an infusion pump, return the infusion pump and all of the pump accessories, such as cases, parts, batteries, literature, as soon as possible upon completion of therapy. Patients that discontinue therapy and do not return infusion pump equipment will be billed the cost of the pump equipment if applicable.
15. Complete and send the HIPAA (Health Insurance Portability and Accountability Act) consent form to CenterWell Pharmacy to permit CenterWell Pharmacy to speak with designated family members concerning your care if you so desire.
16. Assist CenterWell Pharmacy with obtaining necessary prescription information from your physician when needed.
17. Notify your provider of your participation in the patient management program, if applicable.

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