

Patient Rights and Responsibilities

Your Rights as a Patient

As a patient of Axiom Healthcare Puerto Rico and its family of pharmacies, you have the right to:

1. Be fully informed at the time of admission or before the start of treatment of your rights and responsibilities.
2. Know which products the company will provide and any limitations on those offerings.
3. Receive considerate and respectful care regardless of age, race, color, sex, national origin, or whether or not an Advanced Directive has been executed. This applies to you and your property.
4. Know about the philosophy, characteristics, scope, and limitations of the Patient Management Program.
5. Expect confidentiality and privacy of all information contained in your pharmacy records and of Protected Health Information.
6. Identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
7. Receive information about the Patient Management Program and up to date information about your condition, treatment, alternative treatments, and care plan.
8. Be free from verbal, physical, sexual, and psychological abuse, to have yourself and your property treated fairly and with dignity. Choose a healthcare provider and receive care without discrimination in accordance with physician's orders.
9. Review your medical insurance before you begin therapy. You have the right to review and receive an explanation of your bill, including the expected sources of payment. As with other healthcare services, you may be responsible for certain charges related to your therapy. You have the right and responsibility to discuss your need for a special payment plan with members of the company's Reimbursement Department. If you are referred to an organization, you have the right to be informed of any financial benefit. Be informed in advance of your financial responsibility related to services provided.
10. To choose your healthcare providers and receive appropriate care without discrimination and in accordance with physician's orders.
11. Review your medical records, at any reasonable time, with the permission of your doctor.
12. Receive administrative information regarding changes in or termination of the Patient Management Program.
13. Participate in developing your plan of care and discharge plan; to be informed of all services the agency provides; when and how services will be provided, and the name and function of any person and affiliated agency providing care and services. Decline participation, or disenroll, in the PMP at any point in time.
14. Receive training in the prescribed therapy. The reason for its use, and any possible side effects related to the use of drugs, supplies, and equipment will be explained. Written instructions, demonstrations, and supervision by a registered nurse will be provided, until you are able to repeat the required tasks safely.
15. Receive supplies and equipment delivered at a time that is mutually acceptable to you and the Pharmacy.
16. Speak with a health professional. To access the Pharmacy staff as needed. Ongoing care includes both direct and indirect care by staff experienced in the therapy you receive. This includes 24-hour access to nursing staff and/or pharmacy staff.
17. Have personal health information shared with the Patient Management Program only in accordance with state and Federal law.
18. Expect privacy including confidential handling of all your medical records and to refuse release of records to any individual outside the company, except in the case of transfer to another health facility, and as otherwise provided by law, third-party payer contract, or as described in the Notice of Privacy Practices.
19. Refuse treatment, to the extent permitted by law, after being fully informed of the results of such a decision.
20. Lodge a complaint to the pharmacist about any concern, treatment, or care and expect an answer to any complaints or concerns you discuss with the company within the time frame required by the carrier, but not more than 5 business days following the complaint without concern of discrimination, interference, coercion, or reprisal. If after continued discussion you are still not satisfied, your paperwork lists several applicable hotlines that are available to lodge a complaint or start an investigation.
21. Receive information on the proper use and storage of your prescription medication.
22. Receive instruction of drug recalls.
23. Be fully informed of your responsibilities.
24. Receive instruction on how to receive medication during a disaster or if a delay occurs.
25. Formulate an Advanced Directive according to state law.
26. Have any person of your choosing be a part of the pharmacy consultation or care planning.
27. These rights pertain to the legal guardian if the patient is legally incompetent or a minor, according to state law.

Your Responsibilities as a Patient

As a patient, you have the responsibility to:

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, insurance coverage, and other issues pertinent to your therapy.
2. To carry out your therapy as instructed, to maintain a safe home setting for the storage and proper use of your medications, and to be available or return calls to pharmacy staff to discuss response and tolerance of therapy once you have been introduced to our pharmacy and Patient Management Program.
3. Notify the pharmacy's nurse or pharmacist of side effects or significant changes in your medical condition.
4. Participate in planning your care.
5. Respond to our outreach to schedule your next refill.
6. Communicate if you do not comprehend the course of treatment or care plan.
7. Respect the rights of pharmacy personnel.
8. Review the information about our company sent to you in your first shipment.
9. Call our office if you have any questions about the company's information or about your consent forms.
10. Sign and return your consent forms if required by your insurance plan.
11. Take care of and maintain any equipment that is provided to you by the company.
12. Notify the pharmacy of any changes to your contact information.
13. Request more information about anything you do not understand, including billing questions.
14. Notify the pharmacy if you are admitted to a hospital, if the doctor stops your therapy, or if you plan to travel while receiving therapy.
15. Submit any forms that are necessary to participate in the program, to the extent required by law.
16. Notify your treating provider of participation in the Patient Management Program, if applicable.
17. Pay certain charges should they not be covered by your insurance and/or arrange special payment plans as needed.
18. Voice complaints or concerns about treatment issues to the pharmacy staff or to a pharmacist.
 - If you are in Puerto Rico and have a complaint or concern, please call us directly at 844-355-4191. If you need a government agency, please call the Patient Advocacy Office at 787-977-0909.
 - If you are in the state of CT and you have a concern that an error may have occurred in the dispensing of your prescription you may contact the Department of Consumer Protection, Drug Control Division, by calling 860-713-6065.
 - If you are in the state of FL call Home Health Hotline 888-419-3456, if you need to resolve any complaints or need questions answered regarding a Home Health Agency. Hours of operation: 8:00 a.m to 5:00 p.m. Monday through Friday except holidays.
 - If you are in the state of FL and need to report abuse, neglect, or exploitation: 24 Hour Hotline 800-96A-BUSE (800-962-2873).
 - If you are in the state of TX and need to report abuse, neglect, or exploitation: Abuse Hotline: 800-252-5400.
 - If you are in the state of SC call for Home Health complaints: 803-545-4370 or <https://dph.sc.gov/professionals/healthcare-quality/file-complaint>
 - If you are in the state of Maine, mail complaint to Complaint Coordinator, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333-0035.
 - If you are in the state of CA and Medi-Cal patient for a complaint call: 916-552-9500 or email: specialtyprovider@dhcs.ca.gov
 - Accreditation Commission for Health Care: 919-785-1214.