

# Patient Rights & Responsibilities

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## Your Patient Rights

As a patient, you have certain rights to help protect you, including the right to:

- Receive appropriate services in a professional manner and free from discrimination relative to your age, gender, marital status, sexual orientation, race, ancestry, ethnicity, national origin, language, religion, disease or disability. Discrimination is against the law.
- Be treated with dignity and respect by PharmaForce network pharmacy personnel and other healthcare professionals who provide services to you.
- Privacy and confidentiality as outlined in our Notice of Privacy Practices. Your Protected Health Information (PHI) will be shared for your care, in accordance with state and federal law, or necessary for the administration of your prescription drug benefit. It may also be released to support PharmaForce programs that evaluate quality and service.
- Receive information in a way you can understand to help you make informed decisions about your care. This information would include what medications are covered, what your share of the cost is, limitations, prior authorization and step therapy requirements, in-network pharmacies, mail order benefits, specialty medications, how to file an appeal or complaint/grievance and more.
- Be involved in treatment decisions by providing informed consent prior to the start of service, when transferring services to another provider, or at the end of services.
- Withdraw your consent, delay, or otherwise refuse treatment and be told of the consequences of that choice.
- Have any questions about your pharmacy benefit coverage answered.
- Share your feedback about your drug plan and the quality of care you receive from PharmaForce and our network providers.

## Your Patient Responsibilities

As a patient, you also have the responsibility to:

- Review and understand information you receive about your prescription drugs and pharmacy benefits.
- Ask questions about your care and your pharmacy benefits
- Pay for care and services rendered.
- Alert your physician and/or pharmacist of any potential side effects, adverse reactions or changes in your health status that could affect your treatment as well as providing a complete and accurate medical history, including information about illnesses, medications, allergies, hospital stays, and other matters related to your health.
- Notify your employer's benefits administrator as soon as reasonably possible about any changes in family size, name, address, phone number, or membership status.
- Respect the rights of those providing you with care or services.
- Understand that PharmaForce operates in a manner intended to protect patient safety, safeguard confidentiality, and reduce the risk of medication errors.