

Patients' Bill of Rights

It is the intent of CHI Health Specialty Pharmacy and the purpose of this statement to promote the interests and well-being of the patients of CHI Health Specialty Pharmacy. No CHI Health facility may require a patient to waive these rights as a condition of pharmacy service. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed. The CHI Health facility shall encourage and assist in the fullest possible exercise of these rights.

Definitions: For the purposes of this statement, "patient" means any person who is seeking pharmacy service at CHI Health Specialty Pharmacy.

1. Information About Rights

Patients have legal rights for their protection during their service from CHI Health Specialty Pharmacy. These rights are described in this section. These rights will be made available to all pharmacy patients on the CHI Health Specialty Pharmacy webpage: chihealth.com/specialty-pharmacy. Reasonable accommodations will be made for those with communication impairments and those who speak a language other than English. Explanation of the written statement of rights will be offered to patients, their guardians or their chosen representatives upon reasonable request to the pharmacy manager

2. Courteous Treatment

Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing pharmacy service.

3. Appropriate Health Care

Patients have the right to appropriate care based on individual needs. This right is limited where the service is not reimbursable by public or private resources. Patients have the right to choose freely among available pharmacies and to change pharmacies after services have begun. This right may be limited by the terms of health insurance, medical assistance, or other health programs.

4. Pharmacy Identity

Patients may request at any time the name, business address, and telephone number of their pharmacy.

5. Pharmacy Staff

Patients has the right to identify the staff member of the pharmacy and their job title. Patients also have the right to speak with a supervisor of the staff member or health professional.

6. Relationships with Other Services

Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information will include the name of the outside provider, the address and a description of the service that may be rendered.

7. Information about Medication Therapy

The pharmacy will give patients complete and current information concerning their medication therapy. This information will

be in terms and language the patients can reasonably be expected to understand.

8. Information about Therapy Management Program

Patients taking part in the CHI Health Specialty Pharmacy Therapy Management Program have the right to know and understand the philosophy, characteristics and details about the program. They have the right to get information about the program, including changes to the program or the end of the program.

9. Participation in Planning Treatment Notification of Family Members

Patients have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences and the right to include a family member or other chosen representative or both. If the patient cannot be present, a family member or other representative chosen by the patient may attend such conferences.

10. Right to Refuse Care

Competent patients have the right to decline participation, revoke consent, or opt-out of the CHI Health Specialty Pharmacy Therapy Management Program at any time **by contacting the CHI Health Specialty Pharmacy during normal business hours** In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal

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requirements limit the right to refuse treatment, the conditions and circumstances will be fully documented in the patient's pharmacy record.

11. Experimental Research

Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal will be documented in the individual care record.

12. Freedom from Maltreatment

Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress.

13. Treatment Privacy

Patients have the right to respectfulness and privacy as it relates to their care.

14. Confidentiality of Records

Patients shall be assured confidential treatment of their pharmacy records, and may approve or refuse their release to any individual outside the pharmacy. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third-party payment contracts or where otherwise provided by state and federal law.

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PATIENT

15. Disclosure of Services and Charges

Patients will be informed, prior to or at the time of pharmacy service, of services that are included in any third-party payer reimbursement. Patients have the right to know what the charges are for services, no matter who will be paying the bill.

Patients also have the right to know, in advance, any limits to the services available and the reason for a termination of services.

16. Responsive Service

Patients have the right to a prompt and reasonable response to their questions and requests.

17. Personal Privacy

Patients have the right to every consideration of their privacy, individuality and cultural identity as related to their social, religious and psychological well-being.

18. Grievances

Patients will be encouraged and assisted to understand and exercise their rights as patients and citizens. Patients may tell pharmacy staff and others of their choice about complaints or suspected error, and suggest changes in policies. This right exists free from restraint, interference, coercion, discrimination or reprisal, including threat of discharge. Notice of complaint procedure is available upon patient request.

We want to make sure that you have the best possible experience while a patient of CHI Health Specialty Pharmacy. You can help by doing the following:

- **Provide accurate and complete health and contact information, as best you can. CHI Health Specialty Pharmacy patients need to tell the Therapy Management Program of any changes in this information.**
- **Be honest and direct.**
- **Ask questions about anything you don't understand.**
- **Be willing to actively participate to gain benefits of the program**
- **Follow your treatment plan and accept the consequences if you don't.**
- **Know your medicines.**
- **Know your healthcare team.**
- **Be considerate of other patients and pharmacy staff.**
- **Submit any forms that are necessary to enroll in pharmacy programs to the extent required by law.**
- **Provide all requested insurance and financial information.**
- **Sign the required consents and releases for insurance billing.**
- **Pay promptly for services or supplies delivered.**
- **CHI Health Specialty Pharmacy patients must tell their doctor that they are taking part in the Therapy Management Program.**



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CHI Health is committed to the policy that all persons shall have access to its services, programs, facilities and employment without regard to race, color, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation. Contact the pharmacy at 402-398-5503 for information about access to material in another format.

If you have questions about your rights or responsibilities, contact
CHI Health Specialty Pharmacy:
7710 Mercy Road STE 102
Omaha, NE 68124
402-398-5503

If you have questions about your rights or care, contact:

Nebraska Board of Pharmacy

Nebraska State Office Building
301 Centennial Mall South
14th and M Streets
1st Floor
Lincoln, Nebraska
Phone: (402) 471-2118
Fax: (402) 471-8614

For concerns about your Medicare rights, including quality of care or premature discharge, contact:

SHIP -- State Health Insurance Assistance Program

Toll Free: (800) 234-7119 or Local: (402) 471-2841

Ombudsman for Older Nebraskans

Toll Free: (800) 942-7830 or Local: (402) 471-2307

Medicare Quality Improvement Organization (QIO) KEPRO

5201 W. Kennedy Blvd, Suite 900, Tampa, FL 33609
1-855-408-8557 or TTY 1-855-843-4776 www.kepro.com