



Patient Right and Responsibilities

YOU HAVE THE RIGHT TO:

1. Obtain relevant, accurate, current and understandable information from your ALPS Pharmacist concerning your treatment and/or drug therapy.
2. Discuss your specific drug therapy, the possible adverse side effects and drug interactions, and to receive effective counseling and education from your ALPS Pharmacist.
3. Expect that all prescribed medications you receive are accurately dosed, effective and in useable condition.
4. Choose the pharmacist and pharmacy provider where your prescriptions are filled and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail order service.
5. Confidentiality and privacy of all your patient counseling information contained in your patient record and all your Protected Health Information, as described in the ALPS Notice of Privacy Practices (NOPP).
6. Receive appropriate care without discrimination in accordance with physician orders.
7. Be advised if a medication has been recalled at the consumer level.
8. Call ALPS with any complaints at 417-719-4510 and ask for the Pharmacy Manager, or contact us about them through our website @ <http://specialty.alpspharmacy.com> or contact the Missouri Board of pharmacy at 573-751-0091.
9. Voice your grievances/complaints regarding treatment or care or lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/complaints investigated.
10. Be able to identify ALPS Pharmacy representatives through proper identification, including name, job title, and request to speak with a supervisor if requested
11. Choose a healthcare provider.
12. Receive information about the scope of care/services that are provided by ALPS Pharmacy directly or through contractual arrangements, as well as any limitations to ALPS' Pharmacy's care/service capabilities.
13. Receive in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
14. Be informed of any financial benefits that might accrue when you are referred to an organization.
15. Be advised of any change in ALPS Pharmacy's plan of service before the change is made.
16. Receive information in a manner, format and/or language that you understand.
17. Have family members, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representative, be involved in your care and treatment, and/or service decisions affecting you.
18. Be fully informed of your responsibilities.

19. Be informed about Generic or other substitutions to prescribed medications.
20. Be informed promptly of any manufacturer/FDA recalls affecting your prescribed medications.
21. If ALPS Pharmacy is found to be "out of network" resulting in higher costs to the patient, the patient will be notified of cost differential in writing prior to starting services
22. Be informed of patient assistance programs to assist with access to medications.
23. Redirect your prescription if ALPS Pharmacy cannot source the medication
24. Decline participation, revoke consent, or disenroll from ALPS Pharmacy's patient management program at any point in time.
25. Be informed about the philosophy and the characteristics of ALPS Pharmacy's patient management program

YOU HAVE THE RESPONSIBILITY TO:

1. Adhere to the plan of treatment or service established by your physician.
2. Participate in the development of an effective plan of care/treatment/services.
3. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
4. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by ALPS Pharmacy representatives.
5. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
6. Notify ALPS Pharmacy if you are going to be unavailable for scheduled delivery times.
7. Treat ALPS Pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
8. Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
9. ALPS Pharmacy should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify ALPS Pharmacy immediately of any address or telephone changes whether temporary or permanent.
10. Pay all invoices upon receipt, and understand that unpaid accounts will be considered in default
11. Understand that ALPS Pharmacy acts solely as an agent for you in filling prescriptions through your insurance or other benefits assigned to ALPS Pharmacy; Understand that ALPS Pharmacy assumes no responsibility for ensuring that benefits so assigned will be paid; and understand that your account will only be credited when ALPS Pharmacy actually receives payment.
12. Submit any forms that are necessary to participate in ALPS Pharmacy's patient management program, to the extent that is required by law.
13. Notify your treatment provider of participation in ALPS Pharmacy's patient management program.

I hereby authorize ALPS Pharmacy and their employees, agents and contractors (collectively "ALPS Pharmacy"), to use or disclose, as specified in this Authorization, my "protected health information" (PHI) that is covered under privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act of