



RIGHTS AND RESPONSIBILITIES

As a BioAccess Pharmacy patient, you have the right to:

- **Receive information at the time BioAccess Pharmacy renders its services about your rights and responsibilities and to acknowledge this in writing.**
- **Choose your pharmacy provider.**
- **Know how to contact the pharmacy 7 days a week and what to do if an emergency situation arises.**
- **Take part in developing and/or changing your plan of care and receive the needed information to take part in your care.**
- **Assist in making ethical decisions regarding your care.**
- **Receive verbal and written explanations of the services, care and therapy to be provided by BioAccess Pharmacy.**
- **Be completely informed about changes and costs related to your care including any costs not covered under Medicare or other payors. To be informed in advance if you will be accountable for any charges. To receive prior notice of any changes in covered costs verbally and in writing within reasonable time from the date BioAccess Pharmacy becomes aware of the change.**
- **Receive timely care.**
- **Receive proper and professional care without discrimination against your race, sex, color, religion, sexual preference, physical limitation, cognitive, cultural, social and economic characteristics, or age.**
- **Receive therapy with consideration and respect.**
- **Be treated with dignity and individuality, including confidentiality in treatment in respect for personal property and needs.**
- **Refuse treatment at any time.**
- **Know about the consequences of refusing treatment, and/or if you desire to participate in experimental treatment or research recommended by your physician.**
- **Be aware that the pharmacists who provide services through a BioAccess Pharmacy Pharmacy are qualified to carry out the care for which they are responsible.**



**BioAccess Pharmacy
120 N Fairway Lane Suite A
West Covina, CA 91791**

- **Be aware that if your healthcare needs cannot be met by BioAccess Pharmacy, you can choose to transfer your prescription to any other pharmacy, appropriate for your needs.**
- **Voice complaints and/or suggest changes in your pharmaceutical services without compromising your care or causing repercussions. To have any complaint promptly investigated and be notified of the finding and/or corrective action taken.**
- **You have the right to voice your grievances to the governmental authorities e.g., Board of Pharmacy.**
- **Be aware that if the individual is dissatisfied, he/she may contact the Director of the Pharmacy or Senior Vice President of Operations.**
- **Following HIPAA guidelines, confidentiality of the personal and medical records is applied. Approval or refusal of release of the records to any individual outside of BioAccess Pharmacy, except when transferring to another health facility, or as required third party contract/payer, by law is followed.**

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

- **Give accurate and complete health information about your past medical history, hospitalizations, medications, allergies and all other important health information.**
- **Assist in developing your plan of care.**
- **Follow your plan of care. Remain under a physician's care while receiving BioAccess Pharmacy services.**
- **If there is something you do not understand, you must request further information.**
- **Notify BioAccess Pharmacy if you have any concerns that have not been addressed.**
- **Notify your physician if you choose to end pharmacy therapy.**