



## PATIENT BILL OF RIGHTS & RESPONSIBILITIES

### ***Patients have the rights to:***

1. Receive information about the patient management program.
2. Be fully informed in advance about services/care to be provided, including the philosophy and characteristics of the Patient Management Program.
3. Receive information regarding changes in, or termination of, the patient management program.
4. Decline participation, revoke consent, or disenroll at any point in time in the patient management program.
5. Be treated and have your property treated with dignity, courtesy and respect, recognizing each person is a unique individual.
6. Speak to a healthcare professional.
7. Choose a healthcare provider.
8. Identify the program's staff members, including their job title, and ability to speak with staff supervisor if requested.
9. Receive information about the scope of care/services being provided directly or through contractual arrangements, as well as any limitations to the company's care/service capabilities.
10. Reasonable coordination and continuity of services from the referral source to Perigon Pharmacy 360, timely response when care, treatment, services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge.
11. Receive in advance of care/services being provided, complete verbal 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.
12. Receive quality medications, infusion equipment, treatment and services from qualified personnel and to receive instructions on self-care, safe and effective operation of equipment and your responsibilities regarding home care equipment and service.
13. Receive medications, infusion equipment, treatment and services from qualified personnel and to receive instructions on self-care, safe and effective operation of equipment and your responsibilities regarding home care equipment and services.
14. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
15. Be advised of any change in the plan of service before the change is made.
16. Participate in the development and periodic revision of the plan of care/service.
17. Receive information in a manner, format and/or language that you understand.
18. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
19. Be fully informed of your responsibilities.
20. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.
21. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.



22. Express dissatisfaction/concerns/complaints about any care/treatment or service, or lack of respect of property and to suggest changes in policy, staff, or care/services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services by calling Perigon Pharmacy 360's main telephone number, 844-698-2533, during business hours.
23. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished, or lack of respect of property investigated in a timely manner.
24. Be informed of any financial benefits when referred to an organization.
25. Be advised, the Pennsylvania Department of Health's complaint department's telephone number is 800-254-5164.

***Patients have the Responsibility to:***

1. Adhere to the plan of treatment or service established by your physician.
2. Adhere to the company's policies and procedures.
3. Participate in the development of an effective plan of care/treatment/services.
4. Notify your treating Prescriber of your participation in the patient management program, if applicable.
5. Submit any forms that are necessary to participate in the patient management program, to the extent required by law.
6. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
7. Notify Perigon Pharmacy 360 of any changes in your physical condition, physician's prescription or insurance coverage.
8. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
9. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
10. Provide a safe environment for the Perigon Pharmacy 360 representatives to provide services.
11. Be available at the time deliveries are made and to allow Perigon Pharmacy 360 representatives to enter your residence at reasonable times to repair or exchange equipment or to provide services.
12. Treat company personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
13. Care for and safely use medications, supplies and/or equipment, per instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
14. Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.
15. Protect equipment from fire, water, theft or other damage. You agree not to transfer or allow your equipment to be used by any other person without prior written consent of the company and further agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases the company from any liability related to the equipment and its uses, and from any resulting negative customer outcomes.
16. Except where contrary to federal or state law, accept responsibility for equipment rental and sale charges which your insurance company or companies does not pay. You are responsible for prompt settlement in full of your accounts unless prior arrangements have been approved by Perigon Pharmacy 360 administration.



17. Notify the Perigon Pharmacy 360 immediately of any address or telephone changes whether temporary or permanent.