



Patient Bill of Rights and Responsibilities

MDC Clinics & Pharmacy is dedicated to providing patients and their designated advocate with high quality services that exceed their expectations. We encourage all employees to review this information.

Patient Rights:

1. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of service
2. Be treated with dignity, courtesy, and respect, recognizing that each person is a unique individual
3. Be informed, both orally and/or in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible
4. Receive information about the scope of services that the organization will provide and specific limitations on those services
5. Participate in the development and periodic revision of the plan of service
6. Refuse care or treatment after the consequences of refusing care or treatment are fully presented
7. Know the identity and job title of the pharmacy team member that you are working with and, if requested, speak with their supervisor
8. Be free from mistreatment and neglect, as well as verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property
9. Voice grievances/complaints regarding treatment or care
10. Recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
11. Expect confidentiality and privacy of all your protected health information (PHI) and information contained in your pharmacy record as described in the MDC Pharmacy Notice of Privacy Practices, which is consistent with state and federal laws
12. Be informed in advance of the charges for services, including payment expected from third parties and any charges for which you are responsible
13. Be fully informed of your responsibilities

Patient Responsibilities:

1. Participate in your care plan by asking questions about your medications and/or pharmacy services
2. Follow the instructions for taking your medication
3. Care for and safely use medications for the purpose for which they were prescribed and only for the individual for whom they were prescribed
4. Provide, to the best of your knowledge, a complete and accurate medication and health history and notify the pharmacy of changes in this information
5. Notify MDC Pharmacy via telephone when your medication supply is running low so coordination of a refill can be made promptly
6. Immediately notify the pharmacy of any change in insurance coverage, address, or telephone changes, whether temporary or permanent.
7. Co-payments for medications must be paid at time of service/shipping
8. Notify the pharmacy if you are going to be unavailable for the scheduled delivery times
9. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin

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