



## 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. Being 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 care of service
2. Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from 3<sup>rd</sup> parties and any charges for which the patient will be responsible.
3. Receive information about the scope of services that the organization will provide and specific limitations of those services.
4. Participate in the development and periodic revision of the plan of service.
5. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
6. Be informed of patient rights under state law to formulate and advanced directive, if applicable.
7. Have ones property and person treated with respect, consideration, and recognition of patient dignity and individuality.
8. Be able to identify visiting personnel members through proper identification.
9. Be free from mistreatment, neglect, or verbal mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient property.
10. Voice grievances/complaints regarding treatment of care lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference coercion, discrimination, or reprisal.
11. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
12. Confidentiality and privacy of all information contained in the patient record and of PHI.
13. Be advised on pharmacy's policies and procedures regarding the disclosure of clinical records.
14. Choose a health care provider, including choosing an attending physician, if applicable
15. Receive appropriate care without discrimination in accordance with physician orders, if applicable.
16. Be informed of any financial benefits when referred to an organization.
17. Be fully informed of one's 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



## Your Feedback Matters

**Unhappy? We're here to help.**

Patient Complaints can be submitted at the following:

**1. MDC Complaint form**

- b. Ask a receptionist to fill out a Feedback Form on one of our patient tablets
- c. **Online Complaints:** <https://www.drmdclinics.com/contact-us/>

**2. Louisiana State Regulatory Body:**

- b. **Address:**  
*Louisiana Board of Pharmacy  
5615 Corporate Boulevard, Suite 8-E  
Baton Rouge, Louisiana 70808*
- c. **LABP Phone:** (225) 925-6496
- d. **Online Complaints:** [www.labp.com/ComplaintForm.pdf](http://www.labp.com/ComplaintForm.pdf)

**3. Official ACHC Complaint forms can be accessed from the ACHC Complaint site:**

- b. <https://achc.org/assets/achc-complaint-intake-form.pdf>