



## Statement of Client/Patient Rights and Responsibilities

### As a Galen Pharmacy patient, you have the right to:

- Choose your pharmacy service providers.
- Choose a healthcare provider, including an attending physician, if applicable.
- 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 care.
- Be aware that Galen Pharmacy professionals are qualified to provide the services and care for which they are responsible.
- Receive appropriate, considerate, professional and respectful pharmacy care, without discrimination no matter what your age, race, ethnicity, culture, color, national origin, language, sex, gender identity or expression, sexual orientation, appearance, socio-economic status, physical or mental disability, religion, or diagnosis.
- Receive timely care.
- Be informed, in advance of care/service being provided and their financial responsibility.
- Be informed of any financial benefits when referred to an organization.
- Know how to contact the staff seven (7) days a week, and what to do if an emergency situation arises.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of your plan of care and receive the needed information to take part in your care, including the proper use, handling and storage of your medications, and knowledge of their effects.
- Be well-informed about your illness, possible treatments and likely outcome, and to discuss this information with your pharmacist. You have the right to know the names and roles of people treating you.
- Consent or refuse treatment, as permitted by law, after being fully informed of potential consequences of refusing treatment. If you refuse a recommended treatment, you are entitled to other appropriate care and services that Galen Pharmacy provides.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Be able to identify visiting personnel members through proper identification.
- Privacy and security. Galen Pharmacy will protect your privacy as much as possible.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- Expect that treatment records are confidential, unless you have given permission to release information or reporting is required or permitted by law.
- Review your medical records and to have the information explained, except when restricted by law.
- Expect that Galen Pharmacy will give you necessary health services to the best of its ability. Treatment, referral or transfer may be recommended based on access to medication and any restrictions imposed by your insurance company. Be aware that if your health care needs



cannot be met by Galen Pharmacy, you will be referred to a health care provider appropriate for your needs.

- Participate in determining alternative communication methods for varying circumstances, such as, but not limited to: if you speak and/or read languages other than English, if you have limited literacy, if you have visual or hearing impairments.
- Be completely informed, before or at the time of receiving services, about changes and costs related to your care, including any costs not covered by Medicare or other payers. To be informed, in advance, if you will be responsible for any charges. To receive prior notice of any changes in covered costs verbally and in writing within 30 calendar days from the date Galen Pharmacy becomes aware of the change(s).
- Discuss treatment options, regardless of cost or benefit coverage.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Be aware that if you are dissatisfied, you may contact the Galen Pharmacy manager and/or the Tennessee Board of Pharmacy, URAC, and ACHC.
- As permitted by law, involve family members and friends to participate in your care.
- Be fully informed of one's responsibilities
- To have any complaint promptly investigated and be notified of the findings and/or corrective action taken.
  - You may file a complaint with us by completing our Patient Complaint Form, or you may contact:  
Galen Pharmacy  
Pharmacy Director: Aaron Garst  
Phone Number: 423-497-5360  
Email: [pharmacy@galenmedical.com](mailto:pharmacy@galenmedical.com)  
Or ACHC Complaints Department  
(855) 937-2242



**As a participant in Galen's Pharmacy's Patient Management Program, you have the right to:**

- Know about the philosophy and characteristics of the patient management program.
- Have personal health information (PHI) shared with the patient management program only in accordance with state and federal law.
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- Speak to a health professional.
- Receive information about the patient management program.
- Receive administrative information regarding changes in, or termination of the patient management program.

**As a participant in Galen Pharmacy's Patient Management Program, you have the responsibility to:**

- Submit any forms that are necessary to participate in the program, to the extent required by law.
- Give accurate clinical and contact information and to notify the patient management program of changes in this information.
- Notify your treating provider of your participation in the patient management program, if applicable.

**As a Galen Pharmacy patient, you have the responsibility to:**

- Submit forms that are necessary to receive services.
- Provide accurate medical and contact information and any changes.
- Notify the treating provider of participation in the services provided by the organization.
- Maintain any equipment provided.
- Notify the organization of any concerns about the care or services provided.
- Provide information about your health, including your medications, allergies and other important health-related information. You are responsible for asking questions when you do not understand information or instructions.
- Inform Galen Pharmacy immediately if scheduled prescription dispensing requires cancellation. Assist in developing your pharmacy plan of care.
- Follow your pharmacy plan of care and remain under a physician's care while receiving Galen Pharmacy services.
- Tell your doctor and pharmacist if you believe you cannot follow through with your treatment.
- Accept those instructions on your privacy that are necessary for providing care.
- Be open and honest with caregivers. You have a responsibility to give permission for release of your records when it is necessary for coordinating your care or for arranging payment.
- Ask questions about anything you do not understand.
- Make reasonable requests for service.
- Arrange for continuity of care and appropriate follow-up.
- Recognize the effects of lifestyle on your personal health. Your health depends not just your pharmacy care but, in the long-term, on the decisions you make in your daily life.
- Make judicious use of these services.
- Be responsible for costs related to your care that are not covered by Medicare, Medicaid or other payers.