You Have The Right To:

1. Considerate and respectful care from your pharmacists and other healthcare professionals.
2. Receive complete and accurate information about the scope of services that Avita Pharmacy will provide and specific limitations on those services.
3. Receive relevant, accurate, current and understandable information from your pharmacist concerning your treatment and/or drug therapy.
4. Receive complete and accurate information from your pharmacist regarding the reason for your treatment and/or drug therapy, the proper use and storage of prescribed medications and the possible adverse side effects and interactions with other drugs, supplements or foods.
5. Receive effective counseling and education from your pharmacists that empowers you to take an active role in your health condition and treatment decisions.
6. Make non-emergency decisions regarding your plan of care before and during treatment, as well as refuse any recommended treatment, therapy or plan of care after being informed of the consequences of refusing treatment, therapy or plan of care.
7. Expect that all prescribed medications you receive are safe, accurately dosed, effective and in useable condition, whether received from a physician, health clinic, retail pharmacy or mail-order pharmacy.
8. Expect that all records, communication, patient counseling by your pharmacists and all related discussions regarding your drug therapy, including its effects and side effects, are conducted in a manner that protects your privacy.
9. Confidentiality and privacy of all your patient information contained in your patient record and Protected Health Information, as described in Avita Pharmacy’s Notice of Privacy Practices.
10. Receive appropriate care without discrimination in accordance with physician orders.
11. Be advised if a medication has been recalled at the consumer level.
12. Call Avita Pharmacy with any privacy matters and ask for the Privacy Officer; or contact us through our website, www.avitapharmacy.com.
13. Voice your grievances/complaints regarding treatment of care, lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/complaints investigated.
14. Call Avita Pharmacy with grievances/complaints about your medication and ask for the Compliance Officer, Pharmacist In Charge, Pharmacy Technician Manager or contact us through our website, www.avitapharmacy.com.
15. Expect that your personal data, including all contact information, is not released by pharmacists, pharmacies or insurance companies to another party to be used in soliciting the purchase of goods or services, whether or not the solicitation is related to your care.

16. Choose the pharmacist and pharmacy provider where your prescriptions are filled and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail-order service. However, some insurers may have mandatory benefit plans that require you to use a specific pharmacy if the insurance company is paying the drug cost.
17. Choose a health care provider, including choosing an attending physician, if applicable.
18. Receive, in advance of care/services being provided, complete oral 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.

19. Be informed of any financial benefits that might accrue when referred to an organization.

20. Be advised of any change in Avita Pharmacy's plan of service before the change is made.

21. Receive information in a manner, format and/or language that you understand.

22. Have family members, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representation, be involved in your care and treatment, and/or service decisions affecting you.

23. To request and receive complete up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.

24. To know or ask how to access support from consumer advocates.

25. To speak to a health professional.

26. For pharmacy health and safety information to include patient’s rights and responsibilities.

27. To know about the philosophy and characteristics of the patient management program.

28. Have personal health information shared with the patient management program only in accordance with state and federal law.

29. Identify the staff member of the patient management program and his or her job title, and speak with a supervisor of the staff member, if requested.

30. Receive information about the patient management program.

31. Receive administrative information regarding changes in or termination of the patient management program.

32. Have one’s property and person treated with respect, consideration, and recognition of patient dignity and individuality. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property. (DRX2-2B) (DRX2-3A)

33. Decline participation revoke consent, or disenroll at any point in time.

34. Be advised on agency’s policies and procedures regarding the disclosure of clinical records.

35. Be fully informed of your responsibilities.

If in the future Avita Pharmacy begins offering home infusion services, the following patient rights will become applicable:

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 care.

2. Participate in the development and periodic revision of the plan of care and treatment plan. (DRX5-4A)

3. Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.

4. Be able to identify visiting personnel members through proper identification.
You Have The Responsibility To:

1. Submit any forms that are necessary to participate in the patient management program to the extent required by law.
2. Give accurate clinical and contact information and to notify the patient management program of changes in this information.
3. Notify your treating provider of your participation in the patient management program, if applicable.
4. Adhere to the plan of treatment or service established by your physician or healthcare provider.
5. Participate in the development and periodic revision of an effective plan of care and services.
6. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
7. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by an Avita Pharmacy representative.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Notify Avita Pharmacy if you are going to be unavailable for scheduled delivery times.
10. Treat Avita Pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, creed, or national or ethnic origin.
11. Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
12. Notify Avita Pharmacy of any changes in your physical condition, physician’s prescription or insurance coverage. Notify Avita Pharmacy immediately of any address or telephone changes whether temporary or permanent.
13. Pay all charges upon receipt of prescribed drugs. In addition, understand that unpaid accounts are considered past due if not paid within thirty (30) days of receipt of prescribed drugs.
14. Any past due account may be referred to collection at which time Avita Pharmacy may impose a 1.5% charge per month on any unpaid balance. Such charge is assessed starting on the 31st day after service is rendered. Furthermore, patient is responsible to pay all attorney’s fees, court costs, and other expenses incurred by Avita Pharmacy to effect collection of outstanding past due amounts.

The collaborative nature of healthcare requires that patients or their families be involved in and/or knowledgeable of all aspects of the patient’s care. The effectiveness of patient care and patient satisfaction with the course of drug therapy is depend, in part, on patients fulfilling certain responsibilities, including providing complete and accurate information about medications as well as a history of drug and food allergies. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting information or clarification about the drugs they are taking when they do not fully understand information and instructions.

IF YOU HAVE QUESTIONS, CONCERNS OR ISSUES THAT REQUIRE ASSISTANCE, PLEASE CALL US AT 1.888.792.8482 DURING BUSINESS HOURS OR AVITA’S AFTER-HOURS NUMBER 1.888.284.8279. GRIEVANCES AND COMPLAINTS ARE FORWARDED TO MANAGEMENT, AND YOU WILL RECEIVE A RESPONSE WITHIN FIVE (5) BUSINESS DAYS.