

## **FACTOR SUPPORT NETWORK PHARMACY**

### **Patient Rights and Responsibilities**

As a Factor Support Network (FSN) patient, you have the right to be educated on / informed of your rights and responsibilities before the initiation of pharmaceutical services and at any time during your treatment. You have the right:

1. The right to pharmaceutical services regarding of age, sex, race, creed, color, DNA, national origin, religion or disability.
2. To be provided the philosophy and other information regarding the FSN services including the patient management program and its' services, staff and the staff's qualifications and any contractual relationships.
3. To expect your pharmacy records to be kept and any personally identifiable health information (PHI) shared by the FSN staff to be only in accordance with HIPAA and other state and federal laws; to know who has access to the information, and the FSN procedures used to ensure your privacy and confidentiality.
4. To have identified a specific staff member and their job title, to communicate with and provide feedback regarding your experience with FSN; request a change of an assigned staff, or speak with a supervisor of the staff member, if requested.
5. To receive accurate information regarding the FSN patient management program or services.
6. To receive administrative information regarding changes in or termination of the FSN patient management program or services.
7. To decline to participate, revoke a consent to participate or dis-enroll in the FSN patient management program or services at any point in time.
8. To be provided the information / education in order to make an informed decision regarding your about your treatment and medication.
9. To be informed of the usual and customary charges for FSN services; the extent to which payment for such services is covered or not covered by a Third Party Payer (e.g. insurance, Medicare/ Medicaid)
10. To be advised of the Patient Assistance Program in the event that you are unable to meet the financial burden of deductibles and co-pays.
11. To voice complaints to the FSN staff regarding services that are, or fail to be, furnished as expected; being treated with a lack of respect, consideration or dignity or other issues. This right includes being provided instructions on how to use the FSN complaint process, and when to expect a written response from FSN regarding the investigation and resolution of the complaint. Complaints may be registered at:

Factor Support Network Pharmacy  
900 Avenida Acaso, Suite A  
Camarillo, CA 93012-8749  
Ph: 1-877-376-4968 and FAX: 1-805-483-6324

Patients have the responsibility for:

1. Submitting any forms necessary to participate in the program, to the extent required by law.
2. Providing accurate clinical and contact information necessary to carry out its services and to notify the FSN changes in this information. This includes: changes in your address, phone, insurance, and medical / treating providers; and in your medical condition including illnesses, hospitalizations, medications, and other pertinent medical information.
3. Notifying their treating provider of their participation in the FSN patient management program, if applicable.
4. Assisting FSN with billing / payment issues to help with process the third party's payment.
5. Informing FSN of any problems or dissatisfaction with our program and services.