



Patient Bill of Rights and Responsibilities

As a Linden Care Patient, you have the right to:

1. Be given appropriate and professional quality pharmacy services without discrimination against your race, creed, color, national origin, religion, gender, sexual preference, handicap or age.
2. Speak with a pharmacist about any questions or concerns about your medication. Please inform us of all medications, herbal products or supplements you take so that we may check for appropriateness. If you experience any of the listed side effects or believe you may be having an adverse reaction to a medication, either call 911 (if an emergency), your prescriber, or call us immediately to speak with a pharmacist. Benefits of our services include helping you to manage side effects of medication, increasing compliance to your drug therapy, and increasing your overall health.
3. Speak with a clinical staff member for emergency situations 24 hours a day, 7 days per week including holidays.
4. Be given information by the pharmacy so you are fully informed of all your rights and responsibilities.
5. Receive professional, honest and ethical care in accordance with physician orders.
6. Be fully informed of the pharmacy's services and the fee for those services.
7. Participate in the development of your medication plan of care and be advised of any change in the medication plan of care or services provided prior to the change being made.
8. Be treated with respect, dignity, courtesy and fairness without discrimination by all pharmacy staff.
9. Be given complete and current information concerning your condition, treatment, risks and anticipated outcomes in order to give informed consent prior to the start of your medication treatment, including your right to accept or refuse service.
10. Refuse treatment within the confines of the law and to be informed of the consequences of refusing treatment.
11. To confidentiality and privacy of all information contained in the client / patient record and of Protected Health Information; PHI will only be shared in accordance with state and federal law.
12. Receive services from personnel who are qualified including a Registered Pharmacist or Pharmacy Technician.
13. Voice grievances or file a complaint without fear of discrimination or reprisal to Linden Care's management.
14. Receive a copy of the "Medicare Prescription Drug Coverage and your Rights" for Medicare recipients of services.
15. Be informed of what to do and resources available in the event of an emergency or a natural disaster that prevents us from filling your prescription(s) in a timely manner. We will post a notice on our website and on our toll-free telephone line, and also notify our prescriber partners. We will advise you to contact your prescriber and/or another pharmacy to get your prescription(s) filled. Once we are back to full operational capacity, we will again post notices in the same manner.
16. Be assisted and receive special consideration for language barriers to achieve proper understanding of services provided i.e., non-English speaking clients have the right to an interpreter and deaf, or illiterate clients have the right to appropriate materials and interpretation for effective communication.
17. Be informed within a reasonable amount of time if we cannot fill your prescription. We will provide you with instructions on your options to get the prescription filled from another source. If there is a shortage of the drug, the pharmacy will make every effort to find another source from the wholesaler, manufacturer, or other pharmacy. If none can be found, we will contact your prescriber regarding an alternative substitution. If another pharmacy will be filling the prescription, we will send your prescription electronically, by fax, or phone to the appropriate pharmacy and notify you where it has been sent. If we cannot fill your prescription because your insurance has changed, we will also contact you and transfer your prescription to the new pharmacy.
18. Receive a timely response from pharmacy staff upon your physician's request for service.
19. Choose a health care provider.
20. Be informed of limitations of services and care provided by pharmacy. We will obtain your insurance information so that we can properly bill your prescriptions. If this information changes, please notify us as soon as possible. If your insurance plan requires prior authorization, we will contact your prescriber or insurance plan to resolve this issue, where applicable. If you are unable to pay the copay or you do not have insurance, please call us to discuss options, as there are numerous patient assistance programs, rebates and coupons available for which you may be eligible.
21. We will substitute FDA-approved generic medications when available. If you prefer brand name medication, ask your prescriber to write the prescription for the brand name drug, and note "dispense as written". Please note that brand name drugs may have higher copay; please check with your insurer.
22. Be informed of any product recalls. We follow FDA regulations regarding drug recalls. In the event of a recall, all affected products are removed from inventory. If a product was sent to patients, those patients will be notified, and your provider may be notified as well. Please note the FDA does not require pharmacies to contact patients for all recalls, as a drug is sometimes recalled before it reaches patients. You may be notified by your prescriber, press release from either the manufacturer or the FDA. If you are concerned about drug recalls, you may contact the FDA at 1-800-INFO-FDA, or www.fda.gov, where you may sign up to receive recall notifications via email.
23. To receive pharmacy health and safety information, including patient rights and responsibilities.

As a Linden Care Patient, you have the Responsibility to:

1. Pay for any portion of your medication, not covered by your insurance
2. Follow pharmacist directions to stay compliant to your drug therapy and to accept responsibility for the neglect or refusal of any medication.
3. Notify Linden Care of any schedule or address changes that may need to be made prior to a scheduled delivery.
4. Notify Linden Care of any problems, concerns or dissatisfaction with services rendered.
5. Participate in mutually agreed responsibilities.
6. Follow included instructions regarding storage of your medications.
7. Notify Linden Care immediately at 877-954-6336 if your medication supply is seven (7) days or less and you have not spoken with one of our Patient Care Representatives.
8. Notify your doctor and the pharmacist with any potential side effects and / or complications.
9. Provide accurate and complete information regarding your past and present medical history.
10. Submit any forms that are necessary to participate in the program to the extent required by law.

If you have any questions, concerns or issues that require assistance, please call us at 877-954-6336 Monday through Friday, 9am to 6pm. Complaints will be forwarded to management and you will receive a response within 5 business days.