

Patient Rights and Responsibilities



Dear Patient,

We thank you for your patronage. We believe in good communication between Urology Austin Pharmacy and our patients. Our goal is to serve your needs to the best of our abilities and work with you to achieve that goal. In order to accomplish this, it is important you understand your rights and responsibilities. This includes the right:

- To be fully informed in advance about the care and service to be provided including who provides that care, the frequency of visits and modifications to the plan of care. The right to participate in decisions involving your care including periodic revisions.
- To be fully informed in advance about the care and service to be provided and your financial responsibility.
- To receive information about the scope of services that the organization will provide and the specific limitations to those services.
- To refuse treatment to the extent permitted by law and the consequences of refusing care or treatment are fully presented.
- To be informed of a patient's right under state law to formulate an Advanced Directive, if applicable.
- To have one's property and person treated with respect, consideration and recognition of patient dignity and individuality.
- To be able to identify visiting personnel members through proper identification.
- To be free from mistreatment, neglect, verbal, mental, sexual and physical abuse; including injuries of unknown source and misappropriation of patient property.
- To voice grievances or complaints regarding treatment or care, lack of respect of property, recommend changes in policy, personnel, care or service without restraint, interference, coercion, discrimination or reprisal.
- To have grievances or complaints regarding treatment or care that is, or fails to be given, or lack of respect of property investigated.
 - Grievances or complaints may be made verbally or in writing to any pharmacy staff member. Once a grievance is received, it will be investigated (including after hours if necessary), documented, and responded to by appropriate management:
 - Verbal grievances or complaints, within 10 days
 - Written grievances or complaints, within 14 days
 - Information on how to file a grievance or complaints with the state board of pharmacy is attached to each prescription processed. Additional information: <https://www.pharmacy.texas.gov/consumer/complaint.asp>
- To have their medical information and Protected Health Information (PHI) treated with privacy and confidentiality. PHI will only be disclosed with a patient's written authorization and per signed HIPAA authorization on file. Any disclosures outside of those listed above regarding the disclosure of clinical information will be discussed with the patient in advance (such as information required to obtain financial assistance). UA Notice of Privacy Practices can be found on our website: <https://urologyaustin.com/patient-portal/patient-forms/>
- To choose a healthcare provider, including an attending physician, if applicable.
- To receive appropriate care without discrimination in accordance to physician's orders.
- To be informed of any financial benefits when referred to an organization. Urology Austin Pharmacy is owned by Urology Austin, PLLC. Patients are not required to use Urology Austin Pharmacy for prescription processing services and may request their prescription be sent elsewhere for processing.
- To be fully informed of one's responsibilities, as listed below:
 - It is the patient's responsibility to submit or return forms that are necessary to receive services.
 - It is the patient's responsibility to provide accurate medical and contact information and notify the pharmacy of pertinent changes in therapy and medical history, plan of care, demographic and insurance information.
 - If the prescription is written by a provider outside of Urology Austin's organization, the patient is responsible for notifying the treating provider of the services/products being provided by Urology Austin Pharmacy.
 - It is the patient's responsibility to store medication as instructed and maintain any equipment provided by the pharmacy, if applicable.
 - It is the patient's responsibility to notify the pharmacy of any concerns about the services provided.

By signing below, I acknowledge that I have read and understand my rights and responsibilities stated in this document.

Patient Name and Signature

Date

Authorized Representative Name and Signature (if applicable)

Date