**Patient Rights and Responsibilities**

You have the right to:

- Receive information about the scope of services we will provide and any specific limitations on those services.
- Speak to a knowledgeable, clinical professional who can give you information and answer questions about your disease, treatment or patient management programs.
- Care that is free of discrimination and is respectful of your personal privacy, personal value, dignity and beliefs.
- Voice your concerns about the care you receive. If you have a comment, problem or complaint, you may talk with your pharmacist or nurse. Your concerns will not affect your access to care or services. You may also direct any comments or complaints to comments@biologicsinc.com.
- Participate in the development and periodic revision of your plan of care.
- Know who you are speaking with. You can ask any staff member his or her job title and name. You can also ask to speak with a staff member’s supervisor.
- Be informed of any financial benefits available to you when you are referred to our pharmacy.
- Use the pharmacy of your choice.
- Refuse treatment. Your care provider will explain the medical consequences of refusing the recommended treatment.
- Decide not to participate in patient management programs. If you start to participate in a program, you can also change your mind and stop. You can do this at any time.
- Be told if there are changes to your patient management program. You will also be told if your program is ending for any reason.
- Expect that all communication and records about your care are confidential. In some cases, the law might say it is okay to disclose this information. You have the right to see or get a copy of your medical records. You have the right to request a list of people to whom your personal health information was disclosed.
- Communication that you can understand. Information given to you will be appropriate to your age, understanding and language. We will provide language translation services as needed at no cost. We can provide support to you if you have vision, speech, hearing or other impairment.
- Have personal health information shared with the patient management program only in accordance with state and federal law.
- Declare participation, revoke consent or disenroll at any point in time.

Your responsibilities are to:

- Provide complete and accurate information. This includes your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer. You must notify us if any of this information changes.
- Provide us with as much information about your health and medical history as you can.
- Submit forms that we need from you to the extent required by law. Certain forms are needed for you to participate in programs.
- Ask questions when you do not understand or when you need more information.
- Treat our staff with courtesy and respect.
- Actively participate in your care. You need to tell us if you cannot or do not want to follow instructions. You are responsible for the outcomes of not following your plan of care. You are responsible for following the instructions for taking medication.
- Share concerns about your care.
- Tell your treating provider about your participation in any services we provide.
- Meet your financial responsibility, if any, to pay for your treatment in a timely manner. You also need to ask for financial assistance if you need help paying for your medication.
- Communicate to your nurse, pharmacist or physician if you are experiencing side effects. Most side effects can be managed. It’s important to treat them quickly for your safety.
- Store your medication so that it doesn’t get damaged by extreme temperature. You also need to store it out of reach from children and make sure it is not touched by others.
- Get rid of unused medication in a safe way. Do not throw them away in the garbage or flush them. Our pharmacists or nurses can provide instructions if necessary.