

YOU HAVE A RIGHT TO



Respect: You will receive proper care without discrimination in a safe manner, respecting your property, personal values, and beliefs. You have the right to be treated with respect, consideration and recognition of your dignity and individuality. This includes freedom from mistreatment, neglect or verbal, mental, sexual or physical abuse. If you feel you have not been treated with respect, you have the right to name the staff member and to speak with a supervisor.

Information: We will inform you about the services you will receive (including limitations), who will provide them, and the costs prior to receiving services. This includes discussing your medications in terms you can understand. You will be told medication names, how to store the medication, how to use them and/or how they will be administered, when to take them, tips to stay on track with your treatment, drug interactions, requirements for lab work, and potential adverse drug reactions. You have the right to information about drug substitution protocols used by OptiMed, if applicable. You have the right to receive information about our Patient Management Programs (PMPs). This includes the right to know about the philosophy and characteristics of the PMPs and information about changes in or termination of the PMP in which you may be enrolled.

Addressing Your Needs and Concerns: You have the right to appropriate assessment and management of your symptoms, including physical pain, as well as to address any psychological, spiritual, or cultural concerns or needs you may have. You have the right to speak to a health professional at any time about your treatment.

Advance Directives: You have the right to make advance directives, such as a living will or designation of someone to act as your representative. These directives cover treatment options and may include naming someone to act on your behalf if you later become unable to communicate what treatment you wish to receive.

Privacy: Each time you use our pharmacy, infusion services, or one of your providers call in a prescription, a record is made. This record contains medical information from your referring provider, a prescription history and other information you provide to us. We will refer to the information contained in your record as your “health information,” which term shall have the same meaning as

protected health information,” defined in the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). You have the right to have protected health information shared with the Patient Management Program only in accordance with state and federal law. OptiMed is committed to maintaining our patients’ confidentiality. As a patient, you have access to our privacy policy. Our privacy policy is always available to you. It can be found on our website and is provided within this Welcome Booklet.

Self-Determination: We encourage you to actively take part in decisions involving your healthcare. You have the right to take part in the development and periodic revision of your plan of care and to be fully informed about your care and the various options available to you. You also have the right to decide for yourself which care you do and do not wish to receive after the risks and benefits are fully presented. You may decline participation, revoke consent, or unenroll in the Patient Management Program at any point in time. You have a right to choose a healthcare provider. When referred to an organization outside of OptiMed, you shall be informed of any financial interest(s) OptiMed has in that organization.

Explanation of Charges: You have the right to ask questions about your bill, including payments expected from third parties, the charges you will handle, and/or the cash price of your medication. You will be provided the charges associated with your prescription(s) and/or service, including third-party paid amount and your responsible amount. This will be provided verbally and in writing prior to or at the time of receiving a product and/or service. Upon request, OptiMed will provide you with information in writing about your health benefit plan, whether OptiMed is an in or out of network provider, and how this affects your cost(s).

Access to Your Medical Record: You have the right to inspect and copy information in your medical files. You may receive this by supplying a written request for the information.



Medical History and Health Changes: We ask that you provide complete and accurate information about your medical history and other clinical information. Our ability to provide proper care is limited if we do not have an accurate understanding of your past healthcare. Responsive healthcare relies on correct, up-to-date information. You have the responsibility to notify the Patient Management Program of any changes in your health status. Let your pharmacist, nurse, or other care provider know about changes in your health. Inform us of complications resulting from treatment or any new symptoms.

Contact Information: You have the responsibility to supply correct contact information to the Patient Management Program. Contact information may include, but is not limited to: your home address, email address, preferred and/or alternate phone number, and your emergency contact name(s) and phone number(s). You are responsible to notify the program of any changes in this information.

Appointments: We ask that you are available for your scheduled appointment on time.

Cancellation or Reschedule Notices: It is very important that you supply at least 48 hours' notice should you need to cancel or reschedule an appointment. If notice is not received, you may be liable for a cancellation fee of up to the cost of the nurse's scheduled time.

Respect: We ask that you show respect for the rights and privacy of our staff, other patients, and their families.

Treatment: Once a treatment is agreed upon, it is important that you take part in your care by following instructions and accepting the consequences if not followed. We also rely on you to report any risks in your care. We have a right to refuse services.

Communications: You have the responsibility to notify your provider of your participation in a Patient Management Program. You are responsible to give forms that are necessary or required by law to participate in the Patient Management Program.

WE NEED TO KNOW

- Whether you understand your proposed course of treatment
- What other medications you take, including prescription, non-prescription, and herbal or vitamin supplements
- Whether you understand what is expected of you during your treatment
- Whether you are able and willing to work with the care team as outlined

We depend on you to ask questions about your diagnosis and treatment. Please ask us about any unfamiliar practices or procedures. You can reach us toll-free at (877) 232-2857. If you need to report an adverse drug reaction to the Food and Drug Administration (FDA), call 1-800-FDA-1088 or visit www.fda.gov/Safety/MedWatch/HowToReport/ucm053074.htm.

OptiMed is a Tobacco-Free Business: Because of our commitment to a healthier environment, we are a tobacco-free campus. Patients and visitors may not smoke while on company property.

Financial Arrangements: It is your responsibility to provide accurate information about payment sources, including your insurance and ability to meet your financial obligations. If you are unable to pay for your medications, inform us prior to receiving services. Our staff are available to help guide you to resources that may be available to aid you financially.

Emergency Preparedness: Patients are encouraged to have an emergency preparedness plan. You should have enough supply of medication, food and water at home and know where your important documents can be found. For more information, visit the Centers for Disease Control and Prevention's Emergency Preparedness and Response website at <https://emergency.cdc.gov/>, or contact the Federal Emergency Management Agency (FEMA) at (800) 621-FEMA (3362) or visit www.FEMA.gov. More information can also be found on page 12 of this booklet.

You Are Part of the Team: We are the people who will be taking care of you or your loved one. We clearly identify ourselves on the phone and wear name badges so you know who is a part of our staff. We understand that patients and their families are the most important partners on the healthcare team. We want you to ask questions, share information, and help make decisions about your well-being.

KEY INFORMATION

Shipping: If shipping is necessary, all medications and supplies are shipped directly to your location of choice at no additional charge. It is your responsibility to contact us with any address change or if you need to make any special shipping arrangements related to travel or other circumstances.

Delivery Review: Once you receive your shipment, review the contents. Verify that the shipment contains the correct medication, dosages, and/or supplies. If contents are different from what you had expected, contact us right away.

Medicine Storage: After receiving your medication, choose a location in your home to store the medicine. Keep in mind many medications have special storage instructions that you must follow. As you receive your new medication, place the newest inventory behind your existing stock to ensure you use the oldest first.

Safety Precautions: For your safety we recommend following the treatment plan as prescribed by your provider. Not doing so can interfere with your unique treatment regimen. If performing injections in the home, be sure to properly dispose of your sharps, including needles, syringes, broken glass, and other items that could be harmful. When being treated for a disease or illness, it is important to keep good personal hygiene. This includes washing hands, wearing protective gloves, and properly disposing of medical waste such as bandages, dressings and sanitary pads.

Complaint Resolution: If you have a concern about the care you received through us, please communicate this to any of our staff. Our staff are willing to help you in resolving your concern. You may voice complaints about your care, treatment, or lack of respect of property, or you may recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.

If you are not satisfied with the response to your grievance, you may ask to file a formal complaint. Any staff member can aid in filing this report. Once a complaint form is filed and received, management will investigate and respond to your complaint within 14 days. The supervising manager will respond to the formal complaint. They will make every attempt to resolve the issue to your satisfaction using the staff involved in the situation. Presentation of a complaint will not compromise your current or future access to care.

If your concern is not resolved through us, you may file your complaint via:

- State of Michigan Bureau of Community and Health Systems. More information can be found on https://www.michigan.gov/lara/0,4601,7-154-89334_63294_72973---,00.html
- ACHC Accredited Organization Complaint Line: (855) 937-2242, or on the web at www.achc.org/complaint-policy-process.html
- Or you can contact your State Board of Pharmacy from the list below:

STATE BOARD	PHONE NUMBER	STATE BOARD	PHONE NUMBER
Alabama	(205) 981-2280	Montana	(406) 841-2319
Alaska	(907) 465-2589	Nebraska	(402) 471-2118
Arizona	(602) 771-2727	Nevada	(775) 850-1440
Arkansas	(501) 682-0190	New Hampshire	(603) 271-2350
California	(916) 574-7900	New Jersey	(973) 504-6450
Colorado	(303) 894-7800	New Mexico	(505) 222-9830
Connecticut	(800) 842-2649	New York	(518) 474-3817 ext. 250
Delaware	(302) 744-4500	North Carolina	(919) 246-1050
District of Columbia (D.C.)	(877) 672-2174	North Dakota	(701) 328-9535
Florida	(850) 245-4292	Ohio	(614) 466-4143
Georgia	(478) 207-2440	Oklahoma	(405) 521-3815
Hawaii	(808) 586-2694	Oregon	(971) 673-0001
Idaho	(208) 334-2356	Pennsylvania	(717) 783-7156
Illinois	(217)785-0800	Rhode Island	(401) 222-2837
Indiana	(317) 234-2067	South Carolina	(803) 896-4700
Iowa	(515) 281-5944	South Dakota	(605) 362-2737
Kansas	(785) 296-4056	Tennessee	(615) 253-1299
Kentucky	(859) 246-2820	Texas	(512) 305-8000
Louisiana	(225) 925-6496	Utah	(801) 530-6628
Maine	(207) 624-8620	Vermont	(802) 828-2373
Maryland	(410)764-4794	Virginia	(804) 367-4456
Massachusetts	(800) 414-0168	Washington	(360) 236-4700
Michigan	(517) 335-0918	West Virginia	(304) 558-0558
Minnesota	(651) 201-2825	Wisconsin	(877) 617-1565
Mississippi	(601) 605-5388	Wyoming	(307) 634-9636
Missouri	(537) 751-0091		

For Further Information or Assistance: If you have questions, suggestions, or needs related to any aspect of your care, you can reach us by calling (877) 232-2857.