



5315 Avion Park Drive, Suite 120, Tampa, Florida 33607
Phone: 844-650-5802 Fax 844-277-0049

Statement of Patient Rights & Responsibilities

A patient is the person who has been accepted for the provision of service by IV Solutions RX. A patient's rights will be respected by all IV Solutions RX employees. All employees of IV Solutions RX that provide patient care services are aware of the rights of the patients and have the responsibility to protect and promote such rights. Each patient has the right to:

Patient Rights:

1. The patient has the right to confidentiality and privacy of all their personal health information contained in the medical record in accordance with applicable State and Federal laws. IV Solutions RX policies with respect to the treatment of patient's protected health information is set forth in the notice of privacy practices. Individuals or organizations that are not involved in the patient's care, may not have access to their personal health information, without the patient's written consent, or without the patient's power of attorney on file.
2. The patient has a right to reasonable and timely response by IV Solutions RX to a request for service.
3. The patient has the right to be fully informed in advance about care/service to be provided or when modifications to the plan of care occur.
4. The patient has the right to receive information about the scope of services that the organization will provide and any specific limitations on those services.
5. The patient has the right to be informed of the costs of their specialty infusion therapy and their financial obligations associated with that care by IV Solutions RX.
6. The patient has the right to be counseled on all prescriptions filled at the pharmacy.
7. The patient has the right to obtain services regardless of race, color, marital status, nationality or ethnic origin, sex, age, sexual orientation, physical and/or mental disabilities, diagnosis, or religious affiliation or any other category protected by law or decisions regarding advance directives in accordance with physician orders.



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8. The patient has the right to be treated with consideration, respect and full recognition of his/her dignity and individuality, including the respect of one's property from all staff members of the pharmacy and its partners.
9. The patient has the right to make informed decisions and participate in their care, including choosing their own prescribers, and pharmacy providers.
10. The patient has the right to reasonable continuity of care and service.
11. The patient has the right to receive, on request, an itemized bill, regardless of source of payment. Be informed both in oral and written form prior to initiation of care to the extent which payment for IV Solutions RX services may be expected from any third-party payer and the extent to which payment may be required by the patient.
12. The patient will be contacted if there are any dispensing errors, recalls, or modifications in prescriptions phoned in by their prescriber.
13. The patient has the right to expect that all medications dispensed to the patient will be carefully checked for medication and dose accuracy, and all drug interactions including but not limited to disease state, other prescription drugs, and OTC drugs.
14. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.
15. The patient has the right to know about the philosophy and characteristics of the patient management program.
16. The patient has the right to have personal health information shared with the patient management program only in accordance with state and federal law.
17. The patient has the right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
18. The patient has the right to receive information about the patient management program.



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19. The patient has the right to receive administrative information regarding changes in or termination of the patient management program.
20. The patient has the right to accept or refuse care or treatment prior to initiation of care or upon admission or at any time during treatment to the extent permitted by law, and to be informed of possible health consequences of the decision.
21. The patient has a right to access necessary professional services 24 hours a day, 7 days a week. IV Solutions RX's business hours are: Monday through Friday 9:00 a.m. to 5:30p.m. EST. All medical emergencies will be addressed by an on-call nurse or pharmacist.
22. The patient has the right to express complaints about care and services provided or not provided and complaints concerning lack of respect of property by personnel furnishing services on behalf of IV Solutions RX, and to expect IV Solutions RX to investigate such complaints within 3-5 business days of receipt of complaint. If dissatisfied with the outcome, the patient may submit an appeal to the governing authority, which will be reviewed within 30 days of receipt of the appeal request. Complaints concerning privacy rights can be directed to the IV Solutions RX Privacy Officer at 1-844-650-5802 or info@ivsolutionsrx.com or via our website at www.ivsolutionsrx.com.
23. The patient has the right to be informed, under state law, to formulate an Advanced Directive, if applicable.
24. The patient has a right to be fully informed of one's responsibilities.

Patient Responsibilities:

1. The patient should provide the pharmacy with accurate and complete health information concerning your illness, hospitalizations, medication, allergies, and other pertinent items.
2. The patient shall sign and return prior to starting service: Benefits Summary, Service Agreement/Assignment of Benefits, Electronic Communications Consent, Patient Authorization for Specific Disclosure of Protected Health Information (PHI), New Customer Authorization for Release of Information (HIPAA) and an Advanced Beneficiary Notice of Non-Coverage if indicated.



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3. The patient shall sign all delivery tickets and return to the pharmacy with each shipment within 3 days of receiving shipment.
4. The patient should follow all medication instructions, and all medications should be taken solely for the purpose that they were prescribed for.
5. The patient should immediately notify the pharmacy of any changes to their address and contact information or change in insurance coverage.
6. The patient should immediately notify the pharmacy of any changes concerning their prescriber or prescriber's prescription
7. The patient should make inquiries to the pharmacist if there is any question about treatment.
8. If unavailable for a planned delivery or home care visit, the patient should notify the pharmacy to reschedule.
9. Except where contrary to federal or state law, the patient is responsible for any charges in which the patient's insurance company does not pay.
10. The patient has the responsibility to submit any forms that are necessary to participate in the patient management program, to the extent required by law.
11. The patient has the responsibility to participate in the development of an effective plan of care
12. The patient has the responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
13. The patient has the responsibility to notify their treating provider of their participation in the patient management program, if applicable.
14. The patient has the responsibility to maintain a safe home environment in which your care may be given. To treat staff with respect and consideration.
15. The patient has the responsibility to follow instructions, rules, and regulations and to be an active and compliant participant in their plan of care and to accept the consequences if you do not.



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16. The patient has the responsibility to follow instructions on the care, use, and maintenance of equipment and to return rental equipment in good condition.
17. The patient has the responsibility notify IV Solutions RX if they acquire any infectious diseases except where exempt by law.
18. The patient has the responsibility to notify IV Solutions RX whenever they have a problem with their equipment.
19. The patient has the responsibility to meet any financial commitments agreed upon with IV Solutions RX.
20. The patient has the responsibility to contact IV Solutions RX when:
 - Your doctor changes your orders
 - You are hospitalized or go to a long-term care facility
 - You change your address, telephone number, doctor/physician
 - You change your insurance provider or your insurance plan changes.
 - You are approved for disability, Medicare, or Medicaid.