

## ANOVO PHARMACY PATIENT RIGHTS AND RESPONSIBILITIES

**Your Rights.** As a patient of the Anovo pharmacy, you have the right to:

- a) be treated with respect by our staff, and be addressed by your proper name without undue familiarity,
- b) receive pharmacy services that meet Anovo standards, regardless of your race, religion, national origin, disability, handicap, gender, sexual orientation, gender identity or expression, age, military service, or source of payment,
- c) choose your pharmacy provider, subject to the availability of your medication from that provider and your prescription benefitplan restrictions,
- d) not be exposed to the smoking of others while at our pharmacy; our pharmacy is a smoke-free environment,
- e) know about the philosophy and characteristics of our patient management care program,
- f) request a copy of your pharmacy records,
- g) privacy within the capacity of our pharmacy. If you receive medication counseling in a setting where others are present, you can expect a sincere and reasonable attempt to keep conversations confidential within the capacity of our pharmacy,
- h) receive our Notice of Privacy Practices, and have your personally identifiable health care information shared only in accordance with applicable state and federal law,
- i) know the name and job title of our pharmacists and technicians, who wear name tags with their names and titles.
- j) talk with a pharmacist. You have the right to talk with a supervisor, if you request,
- k) access, free of charge, meaningful communication with our pharmacy, via an interpreter or person selected by you to communicate with us. If you are a deaf or hard of hearing patient, we may either provide an interpreter or communicate with you via computer screen or handwritten text.
- l) respect for your cultural background and religious beliefs,
- m) receive information about your care plan, including the Patient Drug Education Monograph for your drug. We will provide you with the opportunity to talk with a pharmacist about your prescription and care plan.
- n) receive information about the Anovo patient management program,
- o) be informed of changes in your care plan,
- p) be informed of administrative information regarding changes in, or termination of, the patient management program,
- q) decline participation in, revoke consent, or un-enroll from your care plan at any time, and
- r) receive assistance with addressing your concerns or problems, or with making complaints about the quality of care or service you receive, and to initiate a formal complaint with our pharmacy. If you have concerns, problems, or complaints about the quality of care or service that you are receiving, you are encouraged to first talk to your pharmacist. If the issue is not resolved to your satisfaction, you may choose to file a complaint with our Quality Committee by: Email: [complaints@Anovo.com](mailto:complaints@Anovo.com) or Mail: Anovo Quality Committee, 1710 N Shelby Oaks Drive Suite 2, Memphis TN 38134.
- s) If you believe Anovo has not properly addressed your concern, you may also bring your concern to:  
Tennessee Board of Pharmacy at 227 French Landing, Suite 300 Nashville TN 37243  
Phone: 615.741.2718; or  
Arizona Board of Pharmacy at PO Box 18520 Phoenix AZ 85005  
Phone: 602-771-2727

**Your Responsibilities.** As a patient of Anovo, it is your responsibility to:

- (a) treat our pharmacy staff kindly and with respect,
- (b) be considerate of our property,
- (c) provide accurate and complete information about your identity, insurance, address, phone number, medical history, allergies, and medications, herbal and other nutritional supplements, and notify Anovo of changes in this information,
- (d) let the pharmacy know immediately if you do not understand your care plan or have questions about your medication, or the medication instructions you are given,
- (e) report medication side effects, health problems, or changes in the patient's condition,
- (f) report any changes in health insurance,
- (g) take the medication as directed,
- (h) meet your financial obligation for your medication,
- (i) return signed delivery tickets, and Patient Profile Form and other forms, as requested by Anovo and as required by law or insurance,
- (j) keep our pharmacy a smoke-free environment,
- (k) notify your doctor if you stop taking your medication or dis-enroll from your care plan, and
- (l) notify your doctor of the status of your participation in the patient management program.