Your Rights & Responsibilities

As a Patient of PRO-spectus Health Solutions

As a patient of PRO-spectus Health Solutions (PHS), you have important rights, and we ask a few things of you in return so that we can give you the best possible care. Please keep this for your records. If you have trouble reading or understanding this document, or need it in another language, call us at (877) 877-5321 and we will help.

Your Rights

As a PHS patient, you have the right to:

- Be fully informed, in advance, about the care and services we will provide you.
- Be told in advance about any cost or financial responsibility on your part. (Most PHS patients pay nothing, see your Welcome & Services Information Sheet.)
- Know the scope of services we offer, and any limits on what we can provide.
- Take part in decisions about your care, whenever that applies to the services we provide.
- Refuse care or treatment, after we've fully explained what that means for you.
- Be told about your rights under state law to create an Advance Directive, if that applies to your care.
- Be treated with respect, consideration, and dignity, and have your property respected.
- Know who you're talking to, anyone contacting you on behalf of PHS will identify themselves.
- Be free from mistreatment, neglect, or abuse of any kind, and from misuse of your property.
- Voice a complaint or concern about your care without fear of retaliation and have that complaint looked into.
- Have your health information and personal information kept private and confidential.
- Know how we handle and share your health records.
- Choose your own healthcare provider, where that applies.
- Receive care that follows your prescriber's orders.
- Be told about any financial benefit PHS may receive when you're referred to us.
- Be fully informed of your own responsibilities as a patient, described below.

If a court has appointed someone to make decisions on your behalf, or you have a legal representative under state law, that person can exercise these rights for you.

Your Responsibilities

As a PHS patient, we ask that you:

- Complete and return any forms we have identified that are needed to receive your medication or services.
- Give us accurate medical and contact information and let us know if anything changes.
- Let your doctor or care team know that you're receiving services through PHS.
- Take care of any equipment we provide, if applicable.
- Let us know if you ever have a concern about your care or service.

Questions or Concerns?

If you ever want to voice a complaint or concern, call us at (877) 877-5321 or email pharmacy@pro-spectushealthsolutions.com. We take every concern seriously and will look into it. You will never be treated differently for speaking up.

This sheet is yours to keep with your medication records.