



PATIENT BILL OF RIGHTS

Costco Specialty Pharmacy patients have a right to be notified in writing of their rights and obligations before care/service begins. Our pharmacy staff have a responsibility to protect and promote the rights of their patients. Care is provided in compliance with applicable laws, regulations and standards, including the following rights.

You have the right to:

- Be fully informed ahead of time about services and care to be provided. This includes information about any modifications to care or the service plan and any financial responsibility.
- Be treated with dignity, courtesy and respect. Our staff should recognize that each person is a unique individual.
- Be free from mistreatment, neglect or verbal, mental, sexual, and physical abuse.
- Speak to a health professional.
- Receive information about the scope of care/services that are provided by our pharmacy. This includes the right to receive information about the patient management program, which provides administrative information regarding changes or the termination of the program.
- Be advised of any change in the plan of service before the change is made.
- Know about our philosophy and the characteristics of the program. This includes knowing about potential health benefits and the limitations of the services required.
- Reasonable coordination and continuity of services from your previous specialty pharmacy. This means that you will get a timely response when you ask about care, treatment and services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care are fully presented.
- Choose your own provider.
- Be notified when you begin receiving care or services, with an explanation of charges for care, treatment, services and equipment. This includes how to make a payment for charges, information about any payments from Medicaid, Medicare or any other third-party payer and an explanation of all forms you are asked to sign.
- Receive quality medications, supplies and services that meet or exceed professional and industry standards. You will get these regardless of race, religion, political belief, gender, social or economic status, age, disease process, DNR status or disability. These items are provided in accordance with physician orders.
- Receive medications, treatment and services from qualified personnel. This includes instructions on self-care, safe and effective operation of equipment, and your responsibilities regarding medications, equipment and services.
- Confidentiality and privacy for the information contained in our pharmacy records that is protected (except as otherwise provided for by law or third-party payer contracts). You can review and challenge those records. You have the right to have your records corrected for accuracy.



PATIENT BILL OF RIGHTS

- Receive information about who gets your personal health information. You also have the right to know when your personal health information is disclosed under certain conditions. This is in accordance with applicable law and as specified in the company's policies and procedures.
- Have personal health information shared with a patient financial or other management program in accordance with state and federal law.
- Express dissatisfaction, concerns or complaints about any care, treatment or service and to report any suspected errors. You can also suggest changes in policy, care and services without discrimination, reprisal, coercion or unreasonable interruption of care and services.
- Have concerns, complaints and dissatisfaction investigated in a timely manner.
- Receive information in a manner, format or language that you understand.
- Get the name and job title of the person providing you with service.
- Request to speak to the supervisor of the person providing you with care.
- Have family members involved in care, treatment and/or service decisions when it is appropriate and allowed by law. We must understand your preferences or that of the decision maker that you chose.
- Be fully informed of your responsibilities.
- Be informed of any financial benefits when referred to any organization.
- Decline participation, revoke consent or disenroll from the patient financial or other management program at any time.

You have the responsibility to:

- Follow the plan of treatment or service prescribed by your physician.
- Help develop a plan for your care, treatment and services.
- Provide truthful and complete medical and personal information, and to notify the patient financial or other management program of any changes. This is necessary for planning for and providing care and services.
- Complete and submit any forms that are necessary for your care and understanding your preferences.
- Ask questions about your care, treatment and/or services. We can clarify any instructions you have received about your medications.
- Let us know about any information, concerns and/or questions about your health or problems you see in adhering to your medication. Also tell us about any unexpected changes in your condition.
- Let your treating providers know that you are a Costco Specialty Pharmacy patient.
- Notify our pharmacy if you are going to be unavailable to receive your medication.
- Treat our staff with respect and dignity regardless of race, religion, political belief, gender, social or economic status, age, disease process, DNR status or disability.



PATIENT BILL OF RIGHTS

- Care for and safely use medications, supplies and/or equipment. Follow the instructions provided. Use drugs, supplies and equipment for the purpose they are prescribed and only for the person prescribed to.
- Let us know about any concerns you may have with the care or services at our pharmacy and/or the equipment provided.
- Protect equipment from fire, water, theft or other damage.
- The pharmacy will treat your equipment with respect and consideration. It is your responsibility to not transfer or allow your equipment to be used by any other person without getting our pharmacy's written consent. You also agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases the company from any liability related to the equipment and its uses, and from any resulting negative outcomes.
- Pay for equipment rental charges that your insurance company does not cover, unless that goes against federal or state law. You are responsible for making payments on time and for paying the full amount unless you have already made other arrangements with us.
- Provide accurate clinical and contact information. Let us know if there are any changes in your physical condition. You should also tell us if there are changes to your prescription or insurance coverage. Tell us right away if your address or telephone number changes, even if the change is not permanent.
- Voice your feedback, concerns or complaints, and report errors regarding your specialty drug services. We welcome your input. We want to hear from you and will act on this information quickly and politely. Ensuring quality and safe care, correcting errors, and preventing future issues are top priorities.

CUSTOMER INFORMATION

After-Hours Services:

- Our pharmacists are available 24/7. You may contact our on-call pharmacist staff by calling 855-213-0070 and follow the prompts to reach an on-call pharmacist.

Complaint Procedure:

- You have the right and responsibility to express concerns/dissatisfaction, report any suspected errors, or make complaints about services you do or do not receive. You have this right without fear of reprisal, discrimination or unreasonable interruption of services. You may do so by contacting the corporate office. We can be reached at 855-213-0070.
- We have a grievance procedure that ensures that your concerns and complaints are reviewed. An investigation will be started within 5 business days of receipt of a written concern/complaint. Every attempt will be made to resolve grievances within 14 days. You will be



PATIENT BILL OF RIGHTS

informed in writing of the resolution of the written complaint/grievance. If more time is needed to reach a resolution, you will also be informed verbally and in writing.

Procedure to Opt-Out of Patient Management Program:

- If you should not wish to be part of the patient management program, please feel free to contact us at 855-213-0070 to opt out.
- Opting out of the patient management program will not affect the specialty medication services we provide to you.