

Patient Bill of Rights & Responsibilities



Urology San Antonio Pharmacy customers are entitled to be notified, in writing, of their rights and obligations before care/service is initiated. Urology San Antonio Pharmacy has an obligation to protect and promote the rights of their customers to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations, and standards, including the following:

Patient Rights:

You have the right to be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.

You have the right to be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.

You have the right to get important information about your care appropriate to your age, understanding, and language (If you have vision, speech, hearing and/or other impairments, we can provide support to ensure your needs are met).

You have the right to receive information about the scope of services that the organization will provide and specific limitations on those services.

You have the right to receive administrative information regarding changes in or termination of the patient management program.

You have the right to participate in the development and periodic revision of the plan of care.

You have the right to refuse care or treatment after the consequences of refusing care or treatment are fully presented.

You have the right to be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.

You have the right to have your property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.

You have the right to be able to identify visiting personnel members through proper identification

You have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

You have the right to have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.

You have the right to confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.

You have the right to be advised on agency's policies and procedures regarding the disclosure of clinical records You have the right to choose a health care provider, including choosing an attending physician, if applicable.

You have the right to receive appropriate care without discrimination in accordance with physician orders, if applicable.

You have the right to be informed of any financial benefits when referred to an organization You have the right to be fully informed of one's responsibilities.

You have the right to speak with a health professional

You have 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.

You have the right to decline participation, revoke consent, or disenrollment at any point in time.

Patient Responsibilities

You are responsible for providing as much information about your health and medical history as possible, including your other medications, vitamins, herbs and supplements, and allergies.

You are responsible for asking questions, especially if you do not understand or need more information.

You should treat our staff with courtesy and respect.

You should actively participate in your care and follow the instructions for taking medication as directed.

You are responsible for the outcomes of not following your plan of care.

You are responsible for meeting your financial responsibility

You are responsible for communicating side effect to your pharmacist or prescriber right away.

You are responsible for storing your medications appropriately

You are responsible for disposing of unused medication in a safe method (Our pharmacists can provide instructions for disposal if necessary).

You are responsible for submitting any form that is necessary to participate in the program, to the extent required by law.

You are responsible for giving accurate clinical and contact information.

Complaint Procedure:

1. You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. Call the company corporate office at (210)582-5649 and ask to speak with the pharmacy manager during regular business hours or the company representative if you are calling outside of regular business hours, including weekends and holidays.
2. The formal grievance procedure of Urology San Antonio Pharmacy ensures that your concerns/ complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed either verbally or in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/ complaint, you will also be informed verbally and in writing.
3. If you feel the need to discuss your concerns, dissatisfaction or complaints with a party other than Urology San Antonio Pharmacy staff, please file a complaint with the Texas Board of Pharmacy complaints division. The telephone number is 512-305-8000.

Compliance:

Urology San Antonio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Urology San Antonio does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or sexual orientation.

Urology San Antonio provides free aids and services to people with disabilities to communicate effectively with us, such as a qualified sign language interpreter, language interpreter, and written information in other formats. Language interpreters are available to individuals whose primary language is not English. If you need these services, please contact the Director of Operations at (210) 731-2050.

If you believe that Urology San Antonio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age disability, or sex, you can file a grievance with Josie G. Cox, Compliance Director or with Alan Winkler, Executive Director at 7909 Fredericksburg Road, Suite 110, (210) 731-2050 – phone, (210) 679-3751 – fax, or by e-mail at Josie.Cox@UrologySA.com / Alan.Winkler@UrologySA.com.

Pharmacy Customer Information:

The Pharmacy's normal business number is (210) 582-5649. After hours, the patient can call (210) 614-4544. The patient will hear prompting to direct them to the appropriate line of after hour business. A physician will assess the necessity for medical intervention. If the matter is not urgent, the pharmacist or a representative of the pharmacy will return your call on the next business day. You may leave a message for non-urgent matters or refill request at the normal business number (210)582-5649 at any time by following designated prompts.