



4761 N Congress Ave,
Boynton Beach, FL 33426

Patient Concerns/Grievances Form

Healthcare customers have a right to be notified in writing of their rights and obligations before care/service is begun. Health care providers have 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 rights.

YOU HAVE THE RIGHT TO:

1. Be fully informed in advance about services/care to be provided and have the right to know about philosophy and characteristics of the patient management program.
2. Be treated with dignity, courtesy and respect as a unique individual.
3. Be able to identify company representatives through name and job title (Name badge, Job title) and to speak with a pharmacist or supervisor if requested.
4. Choose a healthcare provider.
5. Receive information about the scope of care/services that are provided Meadows Pharmacy as well as any limitations to the company's care/service capabilities.
6. Receive upon request evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
7. Coordination and continuity of services from Meadows Pharmacy, timely response when care, treatment, services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge.
8. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
9. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
10. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
11. Receive information regarding your order status. Patients or caregivers can call 561 619 4461 and speak with a pharmacy employee.
12. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.

13. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
14. If desired, to be referred to other health care providers within an external health care system (ex. Dietician, pain specialist, mental health services, etc.). Patient may also be referred back to their own prescriber for follow up.
15. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
16. Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call 561 619 4461 and ask to speak with a pharmacist or pharmacy manager.
17. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
18. Be informed of any financial relationships of the pharmacy.
19. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co pay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
20. Be advised of pharmacy number, 561 619 4461 for after hours as well as normal business hours of Monday through Saturday 9 AM to 8 PM and Sunday 9 AM to 3 PM EST.
21. Be advised of any change in the plan of service before the change is made and to receive administrative information regarding changes in or termination of the patient management program.
22. Participate in the development and periodic revision of the plan of care/service.
23. Receive information in a manner, format and/or language that you understand.
24. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
25. Be fully informed of your responsibilities.
26. Have the right to decline participation, revoke consent or disenrollment in any Meadows Pharmacy services at any point in time.
27. 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 RESPONSIBILITY TO:

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in Meadows Pharmacy's Patient Management Program.
2. Adhere to Meadows Pharmacy's policies and procedures.
3. Submit any forms necessary to participate in the program, to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan

and provide care/services and to notify the patient management program of any changes in this information.

6. Ask questions about your care, treatment and/or services.

7. Have clarified any instructions provided by company representatives.

8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.

9. Be available to receive medication deliveries and coordinate with Meadows Pharmacy during times you will be unavailable.

10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, sexual orientation or national or ethnic origin.

11. Provide a safe environment for the organization's representatives to provide services.

12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.

13. Communicate any concerns on ability to follow instructions provided.

14. Promptly settle unpaid balances except where contrary to federal or state law.

15. Notify pharmacy of change in prescription or insurance coverage.

16. Notify pharmacy immediately of address or telephone changes, temporary or permanent.

CUSTOMER INFORMATION:

After-Hour Services

Meadows Pharmacy's normal business number 561 619 4461 will prompt you to leave a message for after hour emergency questions or situations. A pharmacist will return your call 24 hours/7 days a week. Alternatively, you can chat with us 24/7 online by visiting <https://meadowsparmacy.com>. You may leave a message for non-urgent matters or refill request at the normal business number (908) 561-5300 at any time.

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 pharmacy at 561 619 4461 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 Meadows 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 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 Meadows Pharmacy staff, please file a complaint with the New Jersey Department of Health complaints division. The hours of operation are Monday through Friday 8:30 a.m. to 5p.m. The telephone number is (973) 5046450 or you can email your complaint through the website it is as follows: <https://www.njconsumeraffairs.gov/phar/Pages/default.aspx>.

Inquiries or complaints can also be mailed to Paul R. Rodriguez, Acting Executive Director, Board of Pharmacy, PO Box

45013, Newark, NJ 07101.