



Rights:

1. Patient has the right to participate in Gastro Health Specialty Pharmacy's Patient Management Program
2. Patient has the right to the HIPPA confidentiality and privacy notice that explains how we share information
3. Patient has the right to speak with all senior clinicians at Gastro Health Specialty Pharmacy
4. Patient has the right to receive all information regarding the Patient Management Program and any applicable changes or termination of the program.
5. Patient has the right to decline participation, revoke consent or dis-enroll from the Gastro Health Specialty Pharmacy Patient Management Program
6. Patient has the right to decline physician prescribed therapy
7. Patient has the right to request a paper copy of this notice

Responsibilities:

1. The patient/caregiver shall provide accurate health information as requested by the pharmacy staff
2. The patient/caregiver shall provide all requested documents needed to complete insurance authorization and/or foundation and assistance applications
3. The patient/caregiver shall contact Gastro Health Specialty Pharmacy about any questions or concerns they have regarding their medication therapy
4. The patient/caregiver shall store medications in the environment the pharmacist indicated
5. The patient/caregiver shall play an active role in the healthcare process