



**KINGS PHARMACY**

Specialty Pharmacy Program

Patient Rights & Responsibilities

Consent to Privacy Practices

Patient Rights:

1. All patients receiving Specialty Pharmacy services shall have a right to participate in a Patient Management Program at Kings Pharmacy.
2. The philosophy of the Patient Management Program at Kings Pharmacy is to be considered a “patient-centered” approach.
3. All Personal Health Information shall be shared and maintained in accordance with NJ State and federal laws.
4. The patient shall have the right to identify the staff member of the program and their job title, and to speak with the Senior Pharmacist if requested.
5. The patient shall have the right to receive all information regarding the Specialty Pharmacy Patient Management Program and any applicable changes or termination of the program.
6. The patient shall have the right to decline participation, revoke consent, or dis-enroll from the Patient Management program.

Responsibilities

1. The patient/caregiver shall provide accurate clinical and contact information necessary to participate in the program.
2. The patient/caregiver shall submit proper documentation/forms necessary to participate in the program.
3. The patient/caregiver shall play an active role in the healthcare process and ensure their treating provider is informed of their involvement in the PM program and relay all important clinical information.

Consent to Privacy Practices of Kings Pharmacy - Effective Date: January 1, 2009

You have been provided with a copy of Kings Pharmacy “Notice of Privacy Practices” that describes how we will use health information concerning our service to you. The notice details how we will use this information to provide treatment care for you, to gain reimbursement for our services and to improve our operations to better serve you and other patients.

We are required to document that:

- We have given you our Notice of Privacy Practices and that you have had the opportunity to review it;
- Kings Pharmacy (973) 482-1556 will notify you of changes in our Notice of Privacy Practices prior to implementing those changes;
- You may request restrictions as to how your health information may be used although Kings Pharmacy (973) 482-1556 is not required to agree to those restrictions;
- Any restrictions to which Kings Pharmacy (973) 482-1556 agrees to will be respected.
- You may revoke this consent in writing at any time, although Kings Pharmacy (973) 482-1556 can proceed with uses and disclosures that pertain to treatment, payment, or healthcare issues that take place before the consent was revoked.

Please provide your signature below to indicate understanding and consent for use of health information related to our service.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

KINGS PHARMACY  
33 PARK AVENUE  
NEWARK, NJ 07104

MAILING ADDRESS  
PO BOX 304  
CEDAR GROVE, NJ 07009