



Patient Rights and Responsibilities

As a Cascade Hemophilia Consortium patient, you and your guardian or other authorized representative have the *right* to:

- Be fully informed in advance about the services offered to you by Cascade and how to access services easily and in a timely fashion, including disciplines that furnish the care and the frequency of visits, as well as any modifications to your plan of care.
- Be informed of costs and your financial responsibility in advance of receiving services, including those costs covered by a third-party payer, and receive explanation of your bill upon request.
- Be treated, and have your property treated, with respect, consideration, dignity, and individuality.
- Be informed of any financial benefits when referred to an organization.
- Choose a pharmacy or healthcare provider based on your needs and discontinue services from Cascade at any time.
- Know the name and credentials of all staff providing services to you and be able to identify personnel members through proper identification.
- Receive appropriate care, in accordance with my providers' orders, free from discrimination regardless of age, race, national origin or ancestry, marital status, sex, color, mental or physical disability, religion, creed, sexual orientation, or source of payment for care.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of property by anyone furnishing services on behalf of Cascade.
- Privacy, confidentiality, and security of all of your medical and pharmacy records and of Protected Health Information (PHI) as stated in Cascade's Notice of Privacy Practices.
- Request Cascade's policies and procedures regarding the disclosure of clinical records and receive Cascade's Notice of Privacy Practices.
- Voice your grievances/complaints regarding treatment or services/care, lack of respect of property, or recommend changes in policy, personnel, or services/care without restraint, interference, coercion, discrimination, or reprisal. See below for contacts and phone numbers available to assist you.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or the lack of respect of property, investigated.
- Refuse care or treatment at any time after being given information concerning the possible consequences of refusing care or treatment.
- Participate in the development and periodic revision of your plan of care.
- Receive information about the scope of care/services that are provided by Cascade as well as any limitations on those services.
- Be fully informed of your responsibilities.

As a Cascade Hemophilia Consortium patient, you and your guardian(s) or other authorized representative(s) have the *responsibility* to:

- Submit forms that are necessary to receive Cascade services.
- Provide Cascade with an accurate and complete medical history, including, as applicable, all current prescriptions, over-the-counter agents, and dietary supplements, and any allergies, reactions, side-effects or sensitivities, and any changes thereto.



- Provide Cascade with accurate and complete insurance/third party payor information regarding your insurance/prescription coverage and notify Cascade of any changes to this information.
- Voice complaints and suggestions to Cascade in an appropriate and timely manner.
- Provide Cascade with accurate and complete contact information and notify Cascade of any changes in address, phone, name, and designated emergency contact.
- Notify Cascade if you are going to be unavailable for scheduled services or delivery times, as applicable.
- If applicable, care for, maintain, and safely use medications, supplies and/or equipment provided by Cascade, according to instructions given by your treating provider, for the purposes they were prescribed, and only for/on the individual for whom they were prescribed.
- If applicable, follow the agreed upon treatment plan and ask questions if you do not completely understand the information and/or instructions for the agreed-upon treatment plan.
- Notify your treating provider(s) of participation in the services provided by Cascade.
- Notify Cascade if you have any concerns and/or questions about the care or services provided by Cascade.
- When applicable, accept personal financial responsibility for any and all charges not covered by insurance/third party payors.
- Treat those who provide you care with dignity and respect.

If you have any problems with our pharmacy, please contact us directly at the number below.

Cascade Hemophilia Consortium

Executive Director

2025 Traverwood Drive, Suite A

Ann Arbor, MI 48105

Phone: (734) 996-3300/ (800) 996-2575 (TTY: 711)

Fax: (734) 996-5566

Hours of Operation: M-F 9AM-5PM EST, answering service available after hours

Grievances also can be reported to the following organizations:

For concerns about civil rights:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, DC 20201

Phone: (800) 368-1019

TDD: (800) 537-7697

Hours of Operation: M-F 9AM-5PM EST

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>



U.S. Department of Health and Human Services

Midwest Region
Office for Civil Rights
US Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Hours of Operation: M-F 9AM-5PM EST
Email: ocrmail@hhs.gov

For concerns about fraud, waste, and abuse:

Federal

US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026
Phone: (800) 447-8477
Fax: (800) 223-8164
TTY: (800) 377-4950
Online: <https://oig.hhs.gov/fraud/report-fraud> (online complaint form available 24 hours a day)

State of Michigan

Office of Inspector General
PO Box 30062
Lansing, MI 48909
Phone: (855) 643-7283
Online: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-220056--,00.html (online complaint form available 24 hours a day)

State of Indiana

Office of the Attorney General
302 W Washington St, 5th floor
Indianapolis, IN 46204
Phone: (317) 232-6201
Fax: (317) 232-7979
Hotline: (800) 382-1039
Hours of Operation: M-F 8:30AM-4:30PM EST
Website: <https://www.in.gov/attorneygeneral/consumer-protection-division/consumer-complaint/>
Online: <https://inoag.my.salesforce-sites.com/ConsumerComplaintForm>



State of Ohio

Office of the Attorney General
30 E Broad St, 14th Floor
Columbus, OH 43215
Phone: (800) 282-0515
Hours of Operation: M-F 8AM-6PM EST
Online: <https://www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud>

For concerns about the pharmacy:

State of Michigan

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
ATTN: Complaint Intake Section
611 W. Ottawa Street, PO Box 30670
Lansing, MI 48909-8170
Phone: (517) 335-9700
Fax: (517) 241-2389
Hours of Operation: M-F 8AM-5PM EST
Email: BPL-Complaints@michigan.gov
Fax: (517) 241-2389
Online: <http://www.michigan.gov/MiPLUS>

State of Indiana

Board of Pharmacy
Indiana Government Center South, Room W072
402 W Washington St
Indianapolis, IN 46204-2298
Phone: (317) 234-2067
Fax: (317) 233-4236
Hours of Operation: M-F 8AM-4:30PM EST
Online: <https://www.in.gov/pla/professions/pharmacy-home/pharmacy-board/>

State of Ohio

Board of Pharmacy
77 S High Street, 17th Floor
Columbus, OH 43215-6126
Phone: (614) 466-4143
Fax: (614) 752-4836
TTY/TDD Ohio Relay Service: 1 (800) 750-0750
Hours of Operation: M-F 8AM-5PM EST
Online: <https://www.pharmacy.ohio.gov/Forms/Complaint>

For concerns about privacy:

HIPAA

Online available 24 hours/day : <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>



Accreditation Commission for Health Care (ACHC) is the accrediting body for Cascade specialty pharmacy. To report a concern about Cascade:

Accreditation Commission for Health Care

Complaints Department

139 Weston Oaks Ct

Cary, NC 27513

Phone: (855) 937-2242

Fax: (919) 785-3011

Hours of Operation: M-F 8AM-5PM EST

Online:

[https://www.achc.org/contact/#:~:text=ACHC%20Complaints%20Policy&text=ACHC%20regards%20all%20complaints%20as,\(855\)%20937%2D2242](https://www.achc.org/contact/#:~:text=ACHC%20Complaints%20Policy&text=ACHC%20regards%20all%20complaints%20as,(855)%20937%2D2242)

Effective Date January 13, 2025

ADM-9.0 F1