



WELCOME TO OUR AUTOMATIC REFILL PROGRAM

Thank you for choosing MetroHealth Pharmacy! We understand the importance of convenient access to your medication(s) and we are here to provide you with a seamless and reliable experience. We look forward to serving you and all your healthcare needs.

How Can I Enroll in the Automatic Refill Program?

Medications enrolled in the automatic refill program must be established for your daily medications that you take on a regularly scheduled basis, for eligible conditions, such as high blood pressure, high cholesterol, asthma, and diabetes. Medications that you take for a short term or on an as needed basis are not eligible for this program. Controlled substances are also ineligible. For questions, please contact the MetroHealth pharmacy at **216-957-6337**.

How Can I take My Medications off Automatic Refill?

If there are any changes needed (if your dose or strength changes) or you no longer want your medication to be automatically refilled, you must contact the pharmacy as soon as possible to disenroll your medication from automatic refills. Consent to remain enrolled in automatic refills must be obtained annually.

Please contact the pharmacy at **216-957-6337** to unenroll or alert the pharmacy of changes.

Hours of Operation:

Monday – Friday: 7:00am to 7:00pm

Saturday: 8:00am to 4:00pm

Sunday: 10:00am to 2:00pm

Please call 911 for emergency situations.



AUTOMATIC REFILL PROGRAM TERMS AND CONDITIONS

Checking Status of Your Order: At any point you need to check on the status of your prescription, you can easily check the MyChart app or website. If you don't utilize MyChart, please call **216-957-6337**. One of our pharmacy staff members can then inform you of the status of your prescription.

Service and Safety: Each time a prescription is filled, a pharmacist is involved in reviewing your medication profile and checking for possible drug interactions, allergies, and other safety concerns. Information on how to use the medication, possible side effects, and other valuable medication information is included with your order. Our team will contact you with any issue involving a delay in service such as emergencies or disasters. If you experience an adverse drug event, please contact the pharmacy right away for resolution.

Privacy Policy: To read our policy online, please visit the link below or call to request a hard copy sent to your home. Our pharmacy team only shares PHI within state and federal guidelines.

<https://www.metrohealth.org/patients-and-visitors/for-visitors/notice-of-privacy-practices>

Drug Disposal: Many Ohio residents have expired or unused pharmaceutical products in their medicine cabinet and don't know what to do with them. Unused drugs can create a risk of unintentional overdose or illegal abuse if not properly disposed. However, flushing medication in the toilet can contribute to water contamination and may cause harm to aquatic life. To safely dispose of leftover pharmaceuticals from the home, the best option is to take them to a collection event or permanent pharmaceutical drop-off.

Information about drug take back days and locations can be seen by utilizing this link:

<https://www.epa.gov/hwgenerators/collecting-and-disposing-unwanted-medicines-or-safe-pharmacy>

If you use an injectable at home and need a sharps container for disposal of needles, please contact the pharmacy and one will be provided for you at no charge. Common household items such as detergent bottles with closing lid can be used if a sharps container is not readily available.



Poison Prevention Packaging Act: All medication(s) filled through MetroHealth Pharmacy will automatically default to using childproof safety caps as position prevention. If you wish to have non-safety caps, please alert the pharmacy personnel when opting into the automatic refill program. If safety caps are removed from your medication vial(s) it is the responsibility of the patient to ensure children do not have access to the potentially hazardous medications in your home. If exposed, the Poison Control Center should be contacted immediately through the **Poison Prevention Hotline** at 1-800-222-1222.

Patient Bill of Rights and Responsibilities: The MetroHealth System (MHS) appreciates that most patients want to understand and participate in their health care. Participation is fostered if patients are made aware of their rights and responsibilities. The following document summarizes these rights and responsibilities. When the patient is a minor, these rights also apply to the parent(s) or guardian.

ACCESS: The MetroHealth System treats all patients without regard to age, race, ethnicity, religion, culture, veteran status, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or any other legally protected characteristic. Patients have the right to speak to a health care professional upon request.

RESPECT AND DIGNITY: You have the right to respectful, considerate care, with recognition of your personal dignity.

PRIVACY: You have the right to personal privacy during your treatment and care. For a copy of the MHS Notice of Privacy Practices, please ask your caregiver or send a request to: The MetroHealth System Privacy and Information Security Officer, 2500 MetroHealth Dr., Cleveland, Ohio 44109. Personal Health Information (PHI) will only be shared in accordance with state and federal law.

SECURITY: You have the right to receive care in a safe setting free from abuse and/or harassment.

CONFIDENTIALITY OF MEDICAL RECORD: You have the right to confidentiality of your patient medical record. You have the right to access your designated record set contained in your medical record within a reasonable time of your request.

ADVANCE DIRECTIVES: You have the right to formulate Advance Directives and to have hospital staff who provide care in the hospital comply with them.

IDENTITY: You have the right to know the names and duties of all persons involved in delivering your health care. Patients have the right to know name, job title, and name of the Supervisor of the staff they are speaking to.

INFORMATION: You have the right to complete information about your condition and treatment, in terms you understand. The MetroHealth System provides access to an interpreter and/or translation services at no additional charge.



DECISION MAKING: You have the right to make decisions related to your health care, to participate in ethical questions that arise during your course of care, including conflict resolution, withholding or withdrawing life-sustaining treatment, and participation in investigational studies. You have the right to request treatment and the right to refuse treatment. You have the right to designate someone to make your decisions should you not be able to make them yourself (see Advance Directives).

PAIN MANAGEMENT: You have the right to receive information about pain and pain relief measures from a committed staff of health care providers. Health care providers will respond to your reports of pain and provide pain management therapies as medically indicated.

NOTIFICATION: You have the right to have a family member or support person of your choice and your own physician notified promptly of your admission to the hospital.

RESTRAINTS: You have the right to be free from restraints of any form that are not medically necessary.

FREEDOM OF CHOICE: You have the right to select the providers of your post hospital care; this includes skilled nursing facilities, long-term acute-care hospitals, hospice, acute rehabilitation, durable medical equipment, home infusion companies and home health care agencies.

COMPLAINT/GRIEVANCE PROCESS: The MetroHealth System is committed to providing quality care to our patients and ensuring that their rights are supported. As part of this commitment, we encourage you to share your opinions with us regarding our care and services.

If you have a complaint or concern, we are committed to resolving your concerns quickly and at the first level of contact, whenever possible. We encourage you to share your questions/concerns with a member of your health care team, physician, unit manager, or you may call the Patient Relations Department directly who will assist you with your concern.

MetroHealth Patient Relations Department: 216-778-5800

Although we believe that your concerns can be resolved through this process, you may at any time contact:

- The Joint Commission's Office of Quality Monitoring - 1-800-994-6610
- The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181
- U.S. Department of Health and Human Services Office for Civil Rights (Region V)
1-312-886-2359
- Ohio Department of Health - 1-800-669-3534
- Ohio Department of Health, Complaint Unit, 246 North High Street, Columbus, OH 43215

Thank you again for choosing MetroHealth!