

White Cross Pharmacy & Compounding

New Patient Profile

Welcome to White Cross Pharmacy! The information requested below is needed help us establish an initial record for you in our system. Our goal is to earn your trust and loyalty by providing you with excellent service, great value, and by always treating you in professional and caring manner. Feel free to review our Patient's Bill of Rights printed on the back of this form.

Patient Name _____ Phone _____

Mailing address _____ City, State & Zip _____

Street address _____ City, State & Zip _____

Driver's license # _____ Gender _____ Date of birth _____

Primary physician's name _____

Allergies and/or major medical conditions _____

Do you have prescription insurance? Yes No (If yes, please present your insurance card)

Name of primary insurance holder _____

_____ (initial) I would prefer non child-resistant caps on my prescriptions. I understand that my choice may result in an increased risk of dangerous medication exposure to children and pets and agree to hold White Cross Pharmacy and its staff harmless for any such exposure.

_____ (initial) YES I would like to receive TEXT ALERTS regarding my prescriptions. _____
Cell Phone # _____

I acknowledge that I have received, reviewed and understand White Cross Pharmacy's Notice of Privacy Practices (HIPAA).

Patient signature _____ Date _____

Parent or guardian signature _____ Date _____

Patient's Bill of Rights

- 1 The patient has the right to considerate and respectful care.
- 2 The patient has the right to and is encouraged to obtain from pharmacist and other direct caregivers relevant, current, and understandable information concerning their medication therapy and treatment.
- 3 The patient is entitled to the opportunity to discuss and request information related to their specific drug therapy, the possible adverse side effects and drug interactions.
- 4 The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care.
- 5 The patient has the right to expect that all communication, discussion, and patient counseling will be conducted so as to protect each patient's privacy.
- 6 The patient has the right to expect that all records and discussion pertaining to his/her drug therapy will be treated as confidential by the pharmacist, and the patient has the right to expect that the pharmacist will emphasize the confidentiality of patient information to any other parties entitled to review the patient's information and records.
- 7 Patients have a right to competent counseling from the pharmacist to help them understand their medications and use them correctly.
- 8 Patients have the right to refuse services or treatment after the consequences of refusing treatment are fully presented.
- 9 The patient has the right to voice grievances and/or complaints or recommend changes in policy, staff or service without restraint, interference, coercion discrimination or reprisal.
- 10 The patient has the right to be fully informed of his/her responsibilities.
- 11 The patient has the right to be informed of provider service/care limitations.

If you should ever have a problem and feel there is a need to lodge a formal complaint, please follow the following procedures:

- 1 Have a pharmacy technician or pharmacist obtain a complaint receipt form.
- 2 Verbalize your complaint to the person helping you. They will fill out the form for you.
- 3 Review the complaint as written and make sure that it says all that you need it to say.
- 4 Someone will get back to you within two business days to discuss your complaint.

Store hours and contact:

Priest River	Mon – Fri 9 to 6, Sat 9 to 1	(208) 448-1633	priestriver@whitecrossrx.com
Sandpoint	Mon – Fri 9 to 6, Sat 9 to 1	(208) 263-9080	sandpoint@whitecrossrx.com
Spirit Lake	Mon – Fri 9:30 to 6:30, Sat 9:30 to 1:30	(208) 623-8485	spiritlake@whitecrossrx.com

After hours contact:

Please utilize our phone message system.