Updated: _____

Hemophilia Outreach Center
Policies & Procedures

Freedom of Choice & Timely Dispensing Capabilities

Philosophy Statement: Patients and families have the right to get their medication at the pharmacy of their choice. This choice may be influenced by location, medication type, medication cost, pharmaceutical drug channels, as well as insurance coverage requirements and limitations. These influences may also delay or add additional requirements for patients to get their needed medications. The Hemophilia Outreach Center strives to work with patients to get their needed medications to them in a timely fashion, whatever the choice is. This form serves to let patients know their right, communicate their preference to the Hemophilia Outreach Center, allow the Hemophilia Outreach Center knowing patient preference to begin assisting in potential delays or additional requirements, and, if HOC Rx/Hemophilia Outreach Center is chosen as pharmacy/clinic of choice, meet legal requirements, all to get patients their needed medications in a timely fashion.

Part One: Freedom of Choice

As a patient, you have the right to get your medication, both bleeding disorder and non-bleeding disorder, through the pharmacy/clinic of your choice.

Please mark each pharmacy/clinic you wish to get and/or may need to get your medication through due to limitations (such as insurance requirements):

Wish To	May Need To	
☐	☐	**HOC Rx or Hemophilia Outreach Center** – for bleeding disorder medications
☐	☐	**Pharmacy** – for non-bleeding disorder medications: _____ Location: _____
☐	☐	**Specialty Pharmacy** – for bleeding disorder medications: _____
☐	☐	**Additional/Other Pharmacy**: _____

You may change your choices at any time, please update us on the change if you do.

Part Two: Timely Dispensing Capabilities

Note: Only fill this section out if you marked HOC Rx or Hemophilia Outreach Center above

Please mark if you wish HOC Rx to dispense to the Hemophilia Outreach Center:

☐ In a situation where I wish to and am anticipated to get my clotting factor through HOC Rx, but the exact time I request my clotting factor an HOC Rx pharmacist is not present, I request a HOC Rx pharmacist to prepare and dispense my clotting factor to the Hemophilia Outreach Center in anticipation of my clotting factor request, per Wisconsin Pharmacy Practice Chapter 7.01e, and I give permission to Hemophilia Outreach Center staff to get me my clotting factor in a timely and efficient fashion.

Part Three: Authorization

Patient Name (please print): _____

Parent/Guardian Name (if patient under 18): _____

Signature: _____ **Date**: _____