

MPN PATIENT BILL OF RIGHTS

This Bill of Rights helps establish and promote awareness of core elements that are crucial to quality MPN care. It is our hope that patients will use this document to learn about their disease and participate actively in their care.

AS AN MPN PATIENT, YOU HAVE THE RIGHT TO:

- 1 RECEIVE A CLEAR, **UNDERSTANDABLE DIAGNOSIS**, AND TO SEEK A **SECOND OPINION** FROM AN **MPN SPECIALIST**.



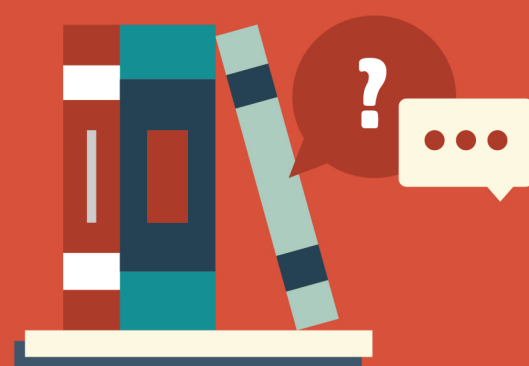
- 2 ASK YOUR **DOCTOR** TO COMMUNICATE YOUR **TREATMENT PLAN** (AND IT'S POTENTIAL IMPLICATIONS) IN A WAY YOU UNDERSTAND.

- 3 **BE INFORMED** AS TO HOW YOUR DIAGNOSIS AND TREATMENT MAY IMPACT YOUR **REPRODUCTIVE HEALTH**.



- 4 ACCESS **MEDICATIONS** AND **TREATMENTS** DEEMED **APPROPRIATE** BY YOUR DOCTOR, NOT YOUR INSURANCE.

- 5 FIND SOURCES OF **FINANCIAL INFORMATION** AND ASSISTANCE, UNDERSTAND HOW YOUR **INSURANCE** COMPANY PRIORITIZES CARE, AND HOW YOU CAN SUBMIT **MULTIPLE APPEALS** IF YOUR INSURANCE DENIES A TEST, TREATMENT OR APPOINTMENT.



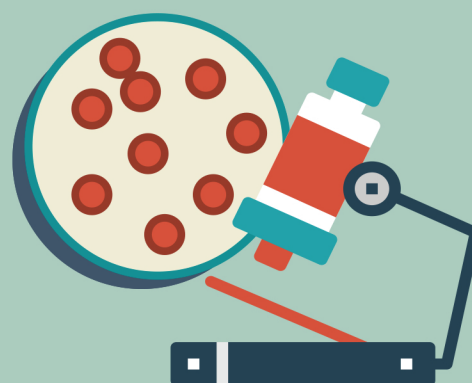
- 6 ACCESS **ACCURATE INFORMATION** FROM **REPUTABLE SOURCES** INCLUDING ACADEMIC INSTITUTIONS, HEALTHCARE PROFESSIONALS, PATIENT ADVOCACY ORGANIZATIONS, ONLINE PATIENT COMMUNITIES AND ELSEWHERE.

- 7 KEEP YOUR **DOCTORS INFORMED** ABOUT SYMPTOMS AFFECTING YOUR **QUALITY OF LIFE**, AND RECEIVE INFORMATION DIRECTED AT **IMPROVING THOSE SYMPTOMS**.



- 8 **INCLUDE YOUR** CAREGIVER(S), FAMILY, AND FRIENDS **IN CONSULTATIONS** WITH HEALTHCARE TEAMS.

- 9 **DISCLOSE OR NOT DISCLOSE** YOUR DIAGNOSIS TO **YOUR EMPLOYER(S)**, AND PREVENT OR STOP UNLAWFUL **DISCRIMINATION** OR **JUDGEMENT** DUE TO YOUR CONDITION.



- 10 ACCESS **CLINICAL TRIAL** INFORMATION AND **PARTICIPATE** IN THOSE TRIALS IF YOU MEET THE ELIGIBILITY CRITERIA.