

PATIENT RIGHTS AND RESPONSIBILITIES STATEMENT

PATIENTS HAVE THE RIGHT TO:

- * Be treated with dignity and respect.
- * Be treated fairly, regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- * Have their treatment and other member information kept confidential. Only where permitted by law may records be released without the member's permission.
- * Easily access care in a timely fashion.
- * Know about their treatment choices. This is regardless of cost or coverage by their benefit plan.
- * Share in developing their plan of care.
- * Receive information in a language they can understand.
- * Receive a clear explanation of their condition and treatment options.
- * Receive information about their insurance, insurance providers, services and role in the treatment process.
- * Receive information about clinical guidelines used in providing and managing their care.
- * Ask their provider about their work history and training.
- * Give input on the Members' Rights and Responsibilities policy
- * Know about advocacy and community groups and prevention services.
- * If asked, your insurance may act on your behalf as an advocate.
- * Freely file a complaint or appeal and to learn how to do so.
- * Know of their rights and responsibilities in the treatment process.
- * Request certain preferences in a provider.
- * Have provider decisions about their care made on the basis of treatment needs.
- * Receive information about Insurance staff qualifications and any organization Insurance has contracted with to provide services.
- * Decline participation or withdraw from programs and services.
- * Know which staff members are responsible for managing their services and from whom to request a change in services.

PATIENTS HAVE THE RESPONSIBILITY TO:

- * Treat those giving them care with dignity and respect.
- * Give all necessary information to providers and Insurance. This is so providers can deliver quality care and Insurance can deliver appropriate services.
- * Ask questions about their care. This is to help them understand their care.
- * Follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- * Follow the agreed upon medication plan.
- * Tell their provider and primary care physician about medication changes, including medications given to them by others.
- * Keep their appointments. Members should call their provider(s) as soon as they know they need to cancel visits.
- * Let their provider know when the treatment plan is not working for them.
- * Let their provider know about problems with paying fees.
- * Report abuse and fraud.
- * Openly report concerns about the quality of care they receive.
- * Inform provider and Insurance if they decide to withdraw from the program.

My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information:

Member Signature

(date)

The signature below shows that I have explained this statement to the patient. I have offered the member a copy of this form.

Provider Signature

(date)