

## Patient's Bill of Rights

### Patient's rights include:

- The right to be treated with dignity and respect.
- The right to fair treatment. This is regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- The right to have their treatment and other member information kept private. Only in an emergency, or if required by law, can records be released without member permission.
- The right to information from staff/providers in a language they can understand.
- The right to have an easy to understand explanation of their condition and treatment.
- The right to know all about their treatment choices. This would mean no matter of cost or if they are covered or not.
- The right to get information about the managed care company's services and role in the treatment process.
- The right to information about providers.
- The right to know the clinical guidelines used in providing and/or managing their care.
- The right to provide input on the managed care company's policy and services.
- The right to know about the complaint, grievance and appeal process.
- The right to know about State and Federal laws that relates to their rights and responsibilities.
- The right to know of their rights and responsibilities in the treatment process.
- The right to share in the formation of their plan of care.

### Patients have a responsibility to:

- Give providers information they need. This is so they can deliver the best possible care.
- Let their provider know when the treatment plan no longer works for them.
- Follow their medication plan. They must tell their provider about medication changes, including medications given to them by other providers.
- Treat those giving them care with dignity and respect.
- Not take actions that could harm the lives of the managed care company's employees, providers, provider's employees or other patients.
- Keep their appointments. Members should call their providers as soon as possible if they need to cancel visits.
- Ask their provider questions about their care. This is so they can understand their care and their role in that care.
- Let their provider know about problems with paying fees.
- Follow the plans and instructions for their care. The care is to be agreed upon by the member and the provider.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_