Member Rights and Responsibilities

As a member of AltaMed Health Network, Inc. ("AHN") you have rights and responsibilities.

YOUR RIGHTS

Respect and dignity.

- To be treated with respect, dignity, and courtesy.
- To not be controlled or restricted as a way to force, punish, make things easier, or seek revenge.

• Privacy and confidentiality.

- o To have a private relationship with your provider.
- o To have your medical information kept confidential.
- To access your medical record (as appropriate) or to request updates or corrections to your medical record (refer to the *Notice of Privacy Practices* for more detailed information regarding your privacy rights).

• Information and decision-making.

- To receive information about the services available through AHN or your health plan.
- To talk openly with your providers about any healthcare they provide or recommend, discuss all treatment options, regardless of the cost or what your benefits are.
- To seek a second opinion.
- To make decision about your healthcare, including the right to say "no" to treatment.
- To get information about your medical condition and treatment plan options in a way that is easy to understand.
- To specify in advance what actions should be taken for your health if you are no longer able to make decisions for yourself because of a life-threatening illness or injury.

• Access and choices.

- o To choose a primary care provider (PCP) within your health plan's network.
- To access family planning services; services through a Federally Qualified Health Center or Indian Health Service Center; services for sexually. transmitted, and emergency or urgent services outside of your health plan's network.
- To access covered services in person or via telehealth.

To access minor consent services.

• Complaints and appeals.

- o To complain, either verbally or in writing, about the care you receive or about your provider, AHN, or your health plan.
- o To disagree with a decision and ask for a review of the decision.
- o To request a State Fair Hearing.
- o To disenroll from your health plan whenever you want.

• Service and information in your preferred languages and formats.

- o To request an interpreter at no charge in a language that you understand.
- To receive written member information at no charge in another format (such as braille, audio, or large print) or preferred language, and in a timely manner.

• Know your rights.

- o To receive information about your rights and responsibilities.
- o To make recommendations on our rights and responsibilities policy.

YOUR RESPONSIBILITIES

Act courteously and respectfully.

- To treat your doctors, providers, staff and other patients with courtesy and respect.
- To make and keep medical appointments and (to the extent possible) notify your doctor's office promptly when you need to cancel or reschedule your appointment.

• Give up-to-date, accurate and complete information.

 To give your providers and AHN up-to-date, accurate, and complete information (to the extent possible) about you and your health status so we can provide care.

• Participate and adhere to treatment plan.

- To work closely with your provider to develop your treatment plan and do your best to understand your medical needs.
- To follow the treatment plan agreed upon by you and your provider as well as any instructions and established self-management goals.
- o To engage in habits and practices that keep you healthy.

- Use the emergency room for emergencies only.
 - To use the emergency room only in cases of an emergency or as directed by your doctor.
- Report fraud and wrongdoing.
 - To report healthcare fraud or wrongdoing to AHN, your health plan or to the California Department of Health Care Services (refer to *Fraud, Waste and Abuse* for more detailed information). You can choose anonymous reporting options if you