



PATIENT RIGHTS AND RESPONSIBILITIES

As a member of Choice Medical Group/Choice Physicians Network, you have the right to:

Medical Group Information

- Information about your medical group, health plan, covered services and member rights and responsibilities.
- Know the names and qualifications of physicians, health care professionals and contracting providers involved in your medical treatment.
- Receive information about an illness, the course of treatment and prospects for recovery in terms you can understand, including how Choice Medical Group/Choice Physicians Network makes medical treatment decisions.
- Member information is available in large print format or recorded cassettes for visually impaired, upon request.
- Members and physicians have the right to request Medical Group policies and procedures and criteria used to authorize, modify or deny healthcare to members. A reviewer will be available to discuss decisions with providers and members.
- Utilization criteria is available to our providers, members and the public upon request by contacting the Utilization Management Department at (760) 242.7777, Ext. 224 or (800) 316.7836 (TDD/TTY 760.242.4800)
- Members and providers can obtain UM criteria used to make decisions free of charge by calling (760) 242.7777 or contact us through www.choicemg.com
- UM staff is available 8 hours a day during normal business hours (Monday thru Friday, 8:00 am – 5:00 pm) for inbound calls regarding UM issues
- Utilization Management and Quality Management work plans and programs are available for review upon request
- Collect calls regarding UM issues will be accepted by UM staff if necessary by calling (760) 242.7777 or call toll free at (800) 316.7836
- Providers are not prohibited from advocating on behalf of members or advising a member on medical care. We allow open provider-member communication regarding appropriate treatment alternatives and do not penalize providers for discussing medically necessary or appropriate care for the member.
- Ask questions to your physicians, health plan or Choice Medical Group/Choice Physicians Network. If you have suggestions, concerns or payment issues, call our Member Services Department at (760) 242.7777, Ext. 224 or (800) 316.7836 **(TDD/TTY 760.242.4800)**

Treatment of Dignity and Respect

- Be treated with dignity and respect and to have your right to privacy recognized.
- Exercise these rights regardless of your race, disability, ethnicity, gender, sexual orientation, creed, age, religion or your national origin, culture or educational background, or your economic or health status, English proficiency, reading skills or source of payment for your health care.
- Confidential treatment of all communications and records pertaining to your health care and the care of other patients. You have the right to access your medical records. Written permission from you or your authorized medical representative shall be obtained before medical records can be made available to any person, including your employer, who is not directly concerned with your health care or responsible for making payments for the cost of such care. Protection of confidential information covers all Choice Medical Group/Choice Physicians Network internal departments, any contracted entities and treatment settings.
- Extend your rights to any person who may have legal responsibility to make decisions on your behalf regarding your medical care.

- Refuse treatment or leave a medical facility, even against the advice of a physician, provided you accept the responsibility and consequences of your decision.
- Complete an advanced directive, living will or other directive to a contracted medical provider.
- Make recommendations regarding the member's rights and responsibilities policies.
- Accept the financial responsibility associated with services rendered while under the care of a physician or while a patient at a facility.
- Information about your medications: what they are, how to take them and possible side effects.
- Receive as much information about any proposed treatment or procedure as you may need in order to give an informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, any alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- Reasonable continuity of care and to know the time, location of an appointment, the name of the physician providing care and to be informed of continuing healthcare requirements following discharge from inpatient or outpatient facilities.
- Be advised if a physician proposes to engage in experimental or investigational procedures affecting your health care or treatment. You have the right to refuse to participate in such research projects.

As a patient/member or Provider of Choice Medical Group/Choice Physicians Network, you have the responsibility to:

- Provide to the extent possible, physicians, health care professionals and contracting providers the information needed in order to care for you.
- Do your part to improve your own health condition by following treatment plans, instructions and care that you have agreed on with your physicians.
- Participate, to the degree possible, in understanding your behavioral health problems and developing mutually agreed upon treatment goals.
- Adhere to behavior that reasonably supports your treatment plan and the recommendation of your primary care physician or other contracting medical provider.
- Be familiar with the benefits and exclusions of your health plan coverage.
- Obtain authorization before receiving specialty care and treatment.
- Have all these responsibilities also apply to the person who has the legal responsibility to make health care decisions, on your behalf, when you are unable.

Timely, Quality Care

- Choice of quality contracted physicians, health care professionals and providers.
- Discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Timely access to your primary care physician and referrals to specialists when medically necessary.
- Use emergency services when you, as a prudent layperson acting reasonably, believe that an emergency (life-threatening) medical condition exists.
- Actively participate in decisions regarding your own health and treatment options.
- Receive urgently needed services.

Complaints and Timely Problem Resolution

- Complaints (also referred to as Grievances or Appeals) can be filed with your health plan, over the phone or in writing, about the care provided, without discrimination. You may expect problems to be fairly examined and appropriately addressed. If your health problem is urgent, or if you already filed a complaint and are not satisfied with your health plan's decision, contact the [Help Center](#) at the Department of Managed Health Care (DMHC). An urgent problem is a

serious threat to your health. You can also file a complaint with the [Help Center](#) if your HMO does not make a decision within 30 days.

- Responsiveness to reasonable requests made for service.



760.242.7777, Ext. 224

My Health. My Choice.

www.ChoiceMG.com

