

# Your Rights and Responsibilities



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## Your Rights and Responsibilities

### Member Rights

**Your right to get information about the organization, its services, its practitioners and providers and member rights and responsibilities:**

- You have a right to ask for information in writing about your rights and responsibilities.
- You have a right to have information about your health care plan and its services explained to you in a way you will understand, and in a different language if necessary.
- You have a right to interpreters when you contact Community Health Plan, either by phone or in writing.
- You have a right to know the name, title, and qualifications of the practitioners, providers, and staff who care for you.
- You have a right to get information in writing about what you must do to see a provider other than your PCP.
- You have a right to ask for information in writing about what you must do when you need our okay for health care services.
- You have a right to get information in writing about Community Health Plan's structure and operations.

- You have a right to get information in writing about how we pay doctors and hospitals. You may also get an explanation of how referrals to specialists affect our payment to providers.
- You have a right to get information in writing about if we pay providers extra for certain care (physician incentive programs). For more information, see [Policy Prohibiting Financial Incentives](#).
- You have a right to ask for information in writing about which medical service you use and showing how we paid for a service.
- You have a right to request copies of your medical record and ask for changes when necessary.
- You have a right to know that the government has set standards for safe and effective pharmacy services.
- You have a right to know what drugs are covered by your insurance.  
For more information, ask for a copy of the *Community Health Plan 2010 Drug Formulary* by calling the Community Health Plan customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.  
You may also get more information by reading "Prescription Drug Services."
- You have a right to get information in writing about how we report how well we do with your care.  
We measure our performance using the Healthcare Effectiveness Data Information Set, or HEDIS. You may ask to see the HEDIS data and have someone explain what the information means.

If you want any of the information listed, contact the Community Health Plan customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

**Your right to be treated with respect and recognition of your dignity and right to privacy:**

- You have a right to be given care and service that go along with your values and beliefs.
- You have a right to get services without being discriminated against.
- You have a right to have your medical record and information regarding your health care treated confidentially. For exceptions, see [Privacy of Your Health Information](#).
- You have a right to expect that Community Health Plan will protect your privacy. (For information about Community Health Plan privacy practices, see [Community Health Plan Notice of Privacy Practices](#).)
- You have a right to have your wishes for your future medical care made known to others if you are too sick to let them know. This includes the right to choose a person to make medical decisions for you if you are unable to do so.  
You can do this with a living will, a durable power of attorney for health care, or both. For more information, see [Advance Directives](#).

**Your right to participate with practitioners in making decisions about your health care:**

- You have a right to provide your written okay to have the medical care.
- You have a right to be told how to make your wishes known about future care. That includes the right to choose a person to make medical decisions for you if you are unable to do so. For more information, see [Advance Directives](#).
- You have a right to refuse treatment and be told what might happen with your health.
- You have a right to refuse to take part in experimental research.

**Your right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage:**

- You have a right to get information about what health care services you can get.
- You have a right to get information about other health care options available from Community Health Plan.
- You have a right to get information about what you must do when you need an okay for health care services.
- You have a right to candidly discuss with your provider the right or medically necessary treatment options for your health condition, including the risks involved, regardless of cost or coverage.
- You have a right to get a second opinion from another Community Health Plan provider, with an okay by your PCP. For more information, see "Getting a Second Opinion."
- You have a right to be able to speak freely about your health care and concerns without any bad results.

**Your right to voice complaints or appeals about the organization or the care it provides:**

- You have a right to tell us your complaints or to appeal decisions about your health care or about Community Health Plan without fear that you may not be able to get care in the future.
- You have a right to be told about our grievance process when telling us about your complaints. You also have the right to get an answer to your complaint in a timely manner. For more information, see "Grievances and Appeals."
- You have a right to get a copy of our grievance policy. This will tell you how to file an appeal if you disagree with one of our decisions or if you are dissatisfied with your health care.

**Your right to make recommendations regarding the organization's member rights and responsibilities policy:**

- You have a right to recommend changes to Community Health Plan policies and procedures, including the policy about your rights and responsibilities and our policy on advance directives.

For information about how to recommend changes, call the Community Health Plan customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

**Your right to safe and timely health care:**

- You have a right to get care and service in a safe, comfortable, and clean environment.
- You have a right to get proper and timely health care, including emergency services, 24 hours a day, seven days a week. For more information, see "Appointment Standards."

**Your right to choose your providers:**

- You have a right to get care from a Community Health Plan provider.
- You have a right to choose your primary care clinic, ask for a PCP, or change providers as often as once a month, at any time during the month. (The change will be for the first day of the month after you call to change your doctor.) For more information, see "Your Primary Care Provider."
- You have a right to seek care from a Community Health Plan women's health care provider, without a PCP referral. For more information, see "Women's Health Care."

**Member Responsibilities****Your responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care:**

- You have a responsibility to give complete and correct facts to your practitioners, providers, and Community Health Plan about your health history, current health status, and changes in your symptoms.
- You have a responsibility to let us know if you have a living will or a durable power of attorney for health care. For more information, see [Advance Directives](#).
- You have a responsibility to tell us about your suggestions for improvements, concerns, and complaints.

**Your responsibility to understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible:**

- You have a responsibility to, as much as possible, understand your health problems and work with your providers to create treatment goals you agree on.
- You have a responsibility to make informed decisions about treatments and procedures before they are performed.
- You have a responsibility to accept the risks of refusing treatment.
- You have a responsibility to get permission from your PCP before going to a specialist.

**Your responsibility to follow plans and instructions for care that you have agreed to with your practitioners:**

- You have a responsibility to follow the treatment plans and instructions for care that you and your provider agree on.
- You have a responsibility to tell your provider if you do not understand your treatment plan or if you believe you cannot follow through with it.

**Your responsibility to treat your providers and staff with respect:**

- You have a responsibility to treat health care professionals, staff, other members, and the health care provider's property in a kind and respectful manner.
- You have a responsibility to make and keep appointments. Tell your PCP if you are going to be late or if you need to cancel an appointment.
- You have a responsibility to identify yourself as a member of the Community Health Plan when you seek care. Carry your identification card with you.
- You have a responsibility to get medical services through your PCP, except in an emergency or when your PCP recommends a specialist.
- You have a responsibility to call Community Health Plan if you do not understand how your health plan works or if you have questions about your coverage.

**Note:** Your provider's office offers additional rights and responsibilities, which are posted in your health center or clinic.

## Advance Directives

An advance directive puts your choices for health care into writing and tells your doctor and family what to do if:

- You lose consciousness, or
- You can no longer make health care decisions for yourself.

It may also name someone to speak for you if you are not able to speak for yourself. Having an advance directive means that your loved ones or your doctor will not have to make medical choices for you without your guidance.

Washington State law has two kinds of advance directives:

- **Durable Power of Attorney for Health Care.** This names another person to make medical decisions for you if you are not able to make them for yourself.
- **Healthcare Directive (living will).** This tells people whether or not you want treatments to prolong your life. If you want to be allowed to die naturally, you can use this document to make that clear.

You can cancel an advance directive at any time by writing down your wish to cancel it and giving it to your doctor and family.

Talk to your doctor, family, friends, and those close to you. Put decisions about your medical care in writing now.

Community Health Plan or your doctor can give you more information about advance directives. To read the Community Health Plan policy about advance directives, please see [Community Health Plan Advance Directives Policy](#).

If you are not happy with the way Community Health Plan or a provider handles advance directives, you may file a complaint with the Department of Social and Health Services (DSHS) by calling 1-800-562-3022. You may also file a complaint directly with Community Health Plan by calling the phone numbers below. You also have the right to complain to the Secretary of the Department of Health and Human Services at 1-866-627-7748.

## Community Health Plan Advance Directives Policy

Community Health Plan, together with its providers, contractors, vendors, and business associates, shall follow all Federal or State laws, agency determinations, or contract requirements regarding advance directives.

*Advance directive* means a written instruction, recognized under state law, relating to how to provide health care when an individual is incapacitated. For the state of Washington, this written instruction takes the form of two documents: a Health Care Directive (also known as a Living Will) and a Durable Power of Attorney for Health Care.

At the time of enrollment, all members of Community Health Plan are told, both orally and in writing, of their right to make decisions about their care, to accept or refuse surgical or medical treatment, to make an advance directive, and to change or cancel it at any time. Together with the above information, members are given a copy of Community Health Plan's policy and procedure about advance directives, including any policy that would prevent Community Health Plan from following a member's advance directive. Members are also given a list of their rights under state law. All of this information is given in a language the member understands.

Community Health Plan puts its policy and procedure about advance directives in its Provider Manual and in the *GA-U Medical Benefits Summary*. You can also ask for them by calling customer service at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875. Anyone who asks for a copy will be given one. You do not have to be a member to see the policy and procedure.

Providers, contractors, vendors, and business associates of Community Health Plan give the above information to members as follows:

- **Hospitals:** at the time the member is admitted as an inpatient.
- **Nursing facilities:** at the time the member is admitted as a resident.
- **Providers of in-home care services:** before the member comes under the care of the provider or at the time of the first home visit, so long as it is provided prior to care being given.
- **Hospice programs:** at the time the member initially gets hospice care from the program.

Primary care providers should talk about advance directives with their adult patients and must put this in the patient's medical record.

If Community Health Plan cannot honor a member's advance directive, we will:

- Tell the member before admission or enrollment or when the member completes the directive.
- Give the member a written statement that explains:
  - The difference between an objection by the organization and an objection by the provider.
  - Which state legal authority permits the objection.
  - The range of medical conditions or procedures affected.
- Record a written plan of what we intend to do if the member still chooses to get care from that provider or organization.

If you are not happy with the way Community Health Plan or a provider handles advance directives, you can file a grievance with Community Health Plan. (For more information, see "Grievances and Appeals.")

If you think that Community Health Plan or its providers, contractors, vendors, or business associates are not following the DSHS rules for advance directives, you may file a grievance with the Department of Social and Health Services (DSHS) by calling 1-800-562-3022. (For more information, see "Grievances and Appeals.")

Community Health Plan actively works to increase the awareness of members, providers, and staff about advance directives.

## Privacy of Your Health Information — Authorizations

To protect your privacy, we will talk only to you about your health information, unless:

- You tell us that we can talk to someone else.
- We are required or it is legally okay to talk to someone else.

If you want us to talk about your health information to a family member or friend, you must give us a signed release form.

If you give us permission to share your health information with others, it is okay to change your mind later. You must tell us that you have changed your mind by calling our customer service team so we know to stop sharing this information.

## Your Personal Information and the Web

When you visit this Community Health Plan web site, the web site automatically records some information. The web site records the IP address of the computer you are using. If another site referred you, our web site records the IP address of the site that referred you. The web site also records the number of people who look at each page on our site, but it does not tell us who saw which page.

None of this information is collected in a way that can be used to identify you personally, to contact you, or to store information about you.

The information we collect is used only to:

- Tell us which pages are visited most often.
- Show which organizations and domains send the most visitors to our web site.

If you are asked to enter information in a form on any page of the web site, that page will tell you exactly how we will use that information. You can refuse to enter the information, if you want to.

If you have any questions or concerns about how your information is collected or about how information you enter in a form is used, please contact our customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

## **Community Health Plan Notice of Privacy Practices**

The privacy of your health care information is important to us. This section describes how health care information about you may be used and given to others and how you can get this information. The information in this section went into effect April 14, 2003, and will remain in effect until it is revised or replaced.

This information comprises our Notice of Privacy Practices, which is posted online and mailed to you yearly. If you want a separate written copy of this notice, please contact our customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

Please review this section carefully. The privacy of your health care information is very important to us.

Community Health Plan is required by a federal law called the Health Information Portability and Accountability Act of 1996 (HIPAA) to keep your protected health information private and to give you this notice of our legal duties and privacy practices.

**Protected health information** means any information that is about you, including information about your health care and treatment, your name, age, address, social security number, family, and employer.

The Community Health Plan staff is trained to protect the privacy of your health information. Our staff protects information about you in a number of ways, including:

- We do not discuss your private health information where others can hear it or with anyone who does not need to know it.
- We limit what we discuss on the phone.
- We keep written PHI locked in a drawer when we are not using it.
- We send PHI by email in a form that cannot be read if somebody else sees the email.

Every member of our staff is required to complete training in how to protect the privacy of your health information. We check to make sure our staff is following these rules.

## How We Use and Share Your Protected Health Information

Under the law, we might be required to use and share your PHI with others for certain reasons without your permission. If we want to use or share your information for other reasons, we will ask you first.

We will not share your PHI with plan sponsors or employers unless they agree to follow our rules about how it may be used.

If you give us permission to share your PHI with others, it is okay to change your mind later. You must tell us that you have changed your mind by calling our customer service team so we know to stop sharing this information.

## Routine Use and Disclosures of PHI

Following are the reasons for which we might use or share your personal information without your permission.

- **Treatment.** To help your providers, clinic staff, or hospital give you the best medical care. For example, if you are in the hospital, we might share health care records sent to us by your doctor with the hospital.
- **Payment.**
  - To pay your health care bills, which have been sent to us by doctors and hospitals for payment.
  - To determine your eligibility or whether a service is covered under your policy.
  - To coordinate benefits if you have other health insurance coverage.
- **Operations.**
  - To make sure you and other members get quality health care.
  - For care coordination or case management.
  - To help with any complaints you have.

- **Appointment or service reminders.**
  - To remind you of an appointment.
  - To let you know that it is time for a follow-up appointment or regular check-up.
- **Health-related products and services.**
  - To tell you about other health care treatments and programs.
  - To inform you about health-related products and services that you may be interested in.

For example, we sometimes send out information about healthy living such as help with controlling asthma or weight loss.

- **Business associates.** These are businesses that help us, such as the business that helps us mail information to you about your coverage. We do not share your information with businesses unless they first agree to protect it.
- **Required by law.** We must share your protected health information if federal, state, or local law says so.
- **Legal proceedings.** We must share your information if a court or administrative agency orders us to give them information or if a court case requires the information.
- **Law enforcement.** In limited cases we must share your information with law enforcement officials, such as when it is needed to identify a witness or missing person.
- **National security and intelligence activities.** We might share your information with the federal government if it is needed to support national security activities that are allowed by law.
- **Military and veterans.** If you are a member of the armed forces, we must release your information when required by armed forces command authorities or the Department of State to see if you are fit for military duty or security clearance, or eligible for veteran's health services.
- **Public health and safety** when necessary to prevent or control disease, injury, or disability.
- **Abuse or neglect.** We must report to government agencies when we believe there has been child or elder abuse or neglect.
- **Oversight agencies** to help with activities such as audits, examinations, investigations, inspections, and licensures.
- **Organ donation.** If you are an organ donor, we share your information with organizations that get, transport, or transplant an organ, eye, or tissue.

- **Research.** We might release your information to be used in research without your permission when:
  - Any information that can identify you (such as name, date of birth, social security number, member identification number, addresses) has been removed from the PHI we share;
  - or
  - Researchers have (a) special permission from a research oversight committee to use PHI; and (b) the researchers have promised to keep your personal information private and safe.
- **Serious threat to health or safety.** We must release your information if it is needed to prevent a serious threat to your health and safety or the health and safety of others.
- **Worker's or victim's compensation.** We must share your information with Worker's or Victim's Compensation employees who ask us for it.
- **Correctional facilities.** By law, we must release your information if you are an inmate.

## Your Rights About Your Protected Health Information

You have certain rights concerning your health information. Your rights include the following.

**Right to access.** You may look at and get a copy of your information that is kept by Community Health Plan. This may include any records used to make decisions about you as a member. For information about how to get your health information, see [How Do I Use My Rights?](#) In certain cases, Community Health Plan may deny this request. If we deny your request, we will tell you in writing and let you know if and how you can appeal our decision. We may charge you a reasonable fee for copying and mailing this information.

**Right to request changes.** You may ask us to change information we have in our records about you if you think it is wrong or not complete. Your written request:

- Must tell us the information you think is wrong or missing.
- Must explain why you want us to change it.

If we deny your request, you can send us a letter telling us that you disagree with our decision. We will include your letter whenever we share the information you asked us to change.

For information about how to request a change or disagree with a denial, see [How Do I Use My Rights?](#)

**Right to an accounting of disclosures.** You may ask for a list of the times over the past six years when we shared your protected health information with another person or organization.

The list will not include the times when such information:

- Was shared with you or your personal representative.
- Was shared with your authorization.
- Was shared for your treatment.
- Was shared to pay for your health care.
- Was shared for our health care operations.
- Was shared for national security or intelligence purposes.
- Was shared with correctional institutions or law enforcement.
- Was shared as part of a limited data set for research or public health activities.
- Was shared before April 14, 2003.

If you ask for it more often than once every 12 months, we may charge you a fee for copying and mailing. When a fee applies, we will tell you how much it will be so that you can decide if you want to change or cancel your request.

For information about how to ask for this information, see [How Do I Use My Rights?](#)

**Right to request restrictions.** You may ask that we not share your information for treatment, payment, or health care operations. You also have the right to ask us to not share your information with family, friends, or other persons involved in your health care.

If you ask us to restrict how we share your health information with others, it is okay to change your mind later. You must tell us that you have changed your mind by calling our customer service team so we know to change how we share your information.

We are not required to agree with your request. If we do agree, we will follow your wishes, unless you have a medical emergency and we believe we need to share your information to help you get better.

For information about how to ask us to restrict how we share your information, see [How Do I Use My Rights?](#)

**Right to confidential communications.** If you believe that sharing your information will put you in danger, you may ask Community Health Plan to communicate with you in a certain way in a certain place. All reasonable requests will be followed. Your request should tell us how you want Community Health Plan to communicate with you. For example, you may ask that we send mail to a post office box instead of to your home address or call you on your cell phone instead of your home phone.

To change how we communicate with you, you can do one of the three things below:

- Call our Community Health Plan customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.
- Write to:  
Community Health Plan  
Attn: Privacy Officer  
720 Olive Way, Suite 300  
Seattle, WA 98101
- Fill out a form. You can download the form at the Community Health Plan web site, [www.chpw.org](http://www.chpw.org), and then mail it to the Privacy Officer at the above address.

You must also change this information with the State of Washington. To change your communication information, call DSHS at 1-800-562-3022 Monday through Friday, 7 a.m. to 6 p.m. If you are hearing or speech impaired, call TTY 1-800-848-5429.

**Right to get a copy of this notice.** You have the right to get a printed copy of this notice if you call us and ask for one. You can also view the notice here online.

## How Do I Use My Rights?

**To use your rights you must do one of the two things below:**

- Write to:  
Community Health Plan  
Attn: Privacy Officer  
720 Olive Way, Suite 300  
Seattle, WA 98101
- Fill out a form. You can download the form at the Community Health Plan web site, [www.chpw.org](http://www.chpw.org), and mail it to the Privacy Officer at the address above.

## Can I "Opt Out" of Certain Disclosures?

You may have got notices from other organizations that allow you to "opt out" of certain disclosures (giving out information). The most common is so that a company can market its products or services to you.

As a health plan, we must follow many federal and state laws that stop us from making these types of disclosures. *Because we do not make the types of disclosures that apply to "opt outs," you do not need to complete an "opt out" form or take any action to restrict such disclosures.*

## What if We Change Our Privacy Practices?

If any of our privacy practices change, we may change the terms of this notice and will give you a new notice about all health care information that we collect. We will tell you of any such change by letter and put the notice here online.

## How Do I Ask Questions?

If you have any questions about this notice or about how we use or share information, please call the Community Health Plan customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

## How Do I Report a Problem?

If you believe your privacy rights have been violated, you may file a complaint with us by mail or phone at:

Community Health Plan  
Attn: Privacy Officer  
720 Olive Way, Suite 300  
Seattle, WA 98101  
206-521-8830 (local) or 1-800-440-1561 (toll free)

You may also send a complaint to the U.S. Department of Health and Human Services (HHS).

To mail or fax a complaint to HHS, send it to:

ATTN: Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue - M/S: RX-11  
Seattle, WA 98121-1831  
Voice Phone 206-615-2290  
Fax 206-615-2297  
TDD 206-615-2296

To email your complaint to HHS, send it to:

OCRComplaint@hhs.gov

For more information about filing complaints with HHS, please see the web site:

[www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html)

**Your care and the privacy of your health information are our greatest concerns. We will not penalize you in any way if you choose to file a complaint.**

## How Can I Help Stop Health Care Fraud?

Health care fraud takes money from health care programs and leaves less money for real medical care.

Here are some ways you can help stop fraud:

- Give your Community Health Plan ID card, your DSHS Services card, or your ID number **only** to a health care provider, a clinic, or a hospital.
- Give your ID **only** when you are getting care.
- Never let anyone borrow your Community Health Plan ID card or DSHS Services card.
- Never sign a blank insurance form.
- Always be ready to show picture ID when checking in for a medical appointment.
- Be careful about giving out your Social Security number.

If you think Medicaid (Healthy Options or GA-U) fraud has taken place, call:

- 1-800-562-6906 (toll free) to report Medicaid client fraud
- 360-586-8888 (local) to report Medicaid provider fraud

If you think fraud has taken place, please report it right away. Your report will be kept private. You may speak freely without fear that you may not be able to get care in the future or fear of any other bad results.