ENROLLEE RIGHTS AND DUTIES

Rev. 9/14/07

Statement of Enrollee Rights

Enrollees have the right to:

- Be treated with respect and with due consideration for your dignity and privacy;
- Be free from physical restraint and isolation except for emergency situations;
- Treatment no matter what race, religion, gender, ethnicity, age, disability, or source of payment;
- Have your treatment and other information kept private. Records may be released, with your approval, only when the law permits;
- Easy access to timely care;
- Receive information on available treatment options and alternatives;
- Participate in decisions regarding your care, including the right to refuse treatment;
- Information in a language and manner you can understand;
- Clear description of your diagnosis and treatment choices, including risks and benefits;
- Information about what works to treat their diagnosis;
- Ask your Provider about their training and experience;
- Know about services to help you;
- Request and receive a copy of your records, and request that they be amended or corrected;
- Freely file a grievance or appeal and have help in doing so;
- Know your rights and responsibilities in treatment;
- Receive services where and when it is best for you;
- Ask for a certain Provider.

Statement of Enrollee Duties

Enrollees have the duty to:

- Treat your Provider with respect;
- Give Providers the information they need so that they can give you the best possible care;
- Build a relationship with your Provider, keep appointments or tell them ahead of time if you must cancel;
- Give correct health insurance information;
- Learn about your diagnosis and work with your Provider to create a plan for your care;
- Follow the plan that you have agreed upon with your Provider;
- Tell Providers when your address, phone number, or health insurance changes.

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

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Enrollee Signature Date

_____

Legal Guardian Signature Date

The signature below shows that I have discussed this statement with the Enrollee. I have offered the Enrollee a copy of this form.

_____

Coordinator/Provider Signature Date