

8. Member Rights and Responsibilities

As a Health Partners member, you have the right to know about your Rights and Responsibilities. You are free to exercise these rights. Exercising these rights will not negatively affect the way you are treated by Health Partners, its participating providers or other State agencies.

When you are making your health care decisions, Health Partners cannot restrain, isolate, bully, punish or retaliate against you.

Member Rights

As a member of Health Partners, you have many rights including:

1. You have the right to get information about all the benefits and services offered by Health Partners. You have the right to know about policies that can affect your membership.
2. You have the right to make recommendations about Health Partners' member rights and responsibilities.
3. You have the right to be a part of decisions made by Health Partners and its participating doctors that affect your personal health care and your membership.
4. You have the right to be treated fairly and to have your right to respect, dignity and privacy protected.
5. You have the right to expect that information you provide to Health Partners, your medical records and anything you discuss with your doctor will be treated confidentially, and will not be released to others without your permission.
6. You have the right to request a specialist to help meet your special needs by serving as your primary care provider.
7. If a problem comes up, you have the right to question decisions made by Health Partners or its participating providers.
8. You have the right to basic information about doctors and other providers who participate with Health Partners. You have the right to choose from these providers, and to refuse care from specific doctors. You have the right to voice complaints and grievances about Health Partners or care provided.
9. You have the right to ask for a DPW Fair Hearing appeal if Health Partners denies a service or if Health Partners does not process your complaint or grievance request on time.



10. You have the right to be present either in person or by telephone at the appeal hearing and to bring a family member, friend, lawyer or other person to help you.
11. You have the right to use an Advance Directive to say how you want your medical care handled. This written statement will be used if you are too sick to speak for yourself.
12. You have the right to see your medical records and request they be corrected or amended in accordance with Federal and State laws. If you would like a copy of your records, please call Health Partners' Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579 for help.
13. You have the right to talk openly with your doctor about all treatments that may be right for your health problem, whether or not Health Partners covers them, and without regard to cost.
14. You have the right to receive information on available treatment options and alternatives. Your treatment options should be presented in a way that is clear to you. You also have the right to refuse treatment options from your doctor.

Member Responsibilities

You also have many duties as a member of Health Partners, including:

1. You have the duty to tell Health Partners and its participating doctors about information that may affect your membership or your right to program benefits. For example, if you move to another address, you must call Health Partners and your PCP and tell us your new address.
2. You have the duty to learn about your health problems and work with your doctor to develop a plan for your care.
3. You have the duty to help with your health care by following the membership rules. For example, you must call your PCP when you need urgent care, and after getting emergency care.
4. You have the duty to follow your PCP's instructions, such as taking medicine on schedule.
5. If you have children, you also have the duty to take them to the PCP for care.
6. You have the duty to inform your doctor about your health history, and to sign a consent form so your doctor can receive a copy of your medical records.
7. You have the duty to make and keep appointments, to be on time, and to call to cancel an appointment or to report that you will be late.

8. You have the duty to treat your PCP and other health care providers with respect and dignity.
9. You have the duty to use our participating providers for all your health care needs. This includes PCPs, specialists, hospitals, pharmacies and other providers you use as a Health Partners member.

Patient Self-Determination Act

The Patient Self-Determination Act is a federal law. This law gives you the right to decide for the future which type of medical treatment you will accept, refuse or end if you become too sick to speak for yourself. Your medical wishes must be put in writing and given to your doctor or other health care providers before you get sick. This written document is called an Advance Directive.

In Pennsylvania, Act 169 went into effect in January of 2007, and it governs Advance Health Care Directives.

Advance Directives

We all expect to stay healthy. And we hope you do for a long, long time. However, there may come a time when you are not healthy and can't make decisions about your health care. This is why it is important to have an Advance Directive.

Before writing an Advance Directive, you should think about the questions below. Discuss them with your family, friends and clergy.

- How important is it for you to die without a long period of pain and suffering?
- How important is it for you to follow your religious beliefs?
- How important is it to have your choices respected and followed?

There are two types of Advance Directives in Pennsylvania: Living Wills and Health Care Power of Attorney documents (these are also called Durable Power of Attorney documents). Both are treated as legal documents.

Living Wills

A Living Will is a document containing your wishes on how you would like to be treated if you have a terminal illness (illness resulting in death) or a very serious operation. If you are ill and cannot speak for yourself and/or make decisions for yourself, your Living Will document will tell your doctor what life-sustaining treatments (treatments to help keep you alive) you may want and which treatments you do not want.

Examples of life sustaining treatments are:

- Cardiopulmonary resuscitation (CPR) – a way to get your heart beating again
- Intravenous therapy (IV) – a way to keep you medicated when you can't take it by mouth
- Feeding tubes – a way to feed you if you can no longer feed yourself
- Respirators – a way to help you breathe if you can't breathe for yourself
- Dialysis – a way to purify your blood if your kidneys can't do it
- Pain relief – either requesting or refusing it

In order for your wishes to be carried out, your Living Will must be written before you become ill or have an operation; your doctor must have a copy of it; and, your doctor must determine, at the time the life-sustaining treatment decision is being made, that you are incompetent (in no condition to speak your wishes) and that your condition is either terminal (you will die) or that you are permanently unconscious (in a coma).

Health Care Power of Attorney or Durable Power of Attorney

A Health Care or Durable Power of Attorney is a written statement that gives the name of a person (called a "proxy" or a "health care agent") who can make certain medical decisions for you if you are not able to express yourself physically or mentally (if you cannot think, make decisions, or speak). This written list of instructions is done before medical services are needed. Your doctor will follow these instructions if you cannot communicate these wishes for yourself.

Your proxy/health care agent can be an adult friend or family member and does not need to be a lawyer or medical professional. Some examples of the decisions or authority given to your proxy/health care agent through a Health Care/Durable Power of Attorney are:

- Admitting you to a hospital, residential or nursing facility
- Signing health care contracts for your medical services
- Authorizing medical or surgical procedures

Just like with the Living Will, you must write down your wishes in a Health Care/Durable Power of Attorney ahead of time and give them to your doctor and others who need to know your wishes, such as your proxy/health care agent. Under Pennsylvania law, you can change or end ("revoke") your Living Will or Health Care/Durable Power of Attorney at any time as long as you are competent.

Just make sure to let your doctor know if you are revoking it. If you make changes to your Living Will or Health Care/Durable Power of Attorney, be sure your doctor has a copy of the new document with your changes.

You can also combine your Health Care Power of Attorney document with your Living Will, and have just one document which covers both topics (the Living Will; and, the Health Care Power of Attorney), or, you can keep both documents separate.

To get help writing an Advance Directive, just call a lawyer, social worker, your doctor's office, or the State Attorney General's office. You can also call Health Partners' Special Needs Unit at 1-866-500-4571 or 215-967-4690, TTY 1-877-454-8477 or 215-849-1579 for help.

Will My Wishes Always be Followed?

The law does not ensure that a provider must follow your wishes in every case. However, it does say that if the doctor cannot in good conscience carry out your wishes, or if there are other policies which prevent the doctor from following your wishes, that the doctor must inform you. Your doctor must also help you locate another provider who is able to follow your wishes, if your wishes are permitted under Pennsylvania law. This is another reason it is so important that you give your Advance Directive decisions to your doctor in writing ahead of time, so that if he or she is not able to carry out your wishes, you can be transferred to a doctor who can. If you believe that your doctor or Health Partners did not follow your Advance Directive, you have the right to file a complaint or a grievance. The section in this Handbook titled “Complaints, Grievances and Fair Hearings” lists all of the steps that you can take to file a complaint or a grievance.

How Does Health Partners Protect Your Health Information?

Health Partners must make reasonable efforts to protect member privacy regarding Protected Health Information (PHI). We use appropriate safeguards to limit PHI used or disclosed to the minimum necessary to accomplish the intended purpose. We will identify the persons or departments within Health Partners that require access to PHI to carry out their job responsibilities. We also review the categories or types of PHI that each person or department requires access to, and under what conditions they require this access. This is done before allowing any access to PHI.

In addition, all Health Partners employees must read and sign a Confidentiality Statement of Understanding before starting work at Health Partners. They must also sign a new statement once a year. This requirement ensures that each employee is reminded of the importance of always maintaining confidentiality. We also require all Health Partners staff to undergo confidentiality training every year.

As a general rule, Health Partners will not use the entire health record of a member. Access to the entire health record will be allowed only if this is specifically identified as reasonably necessary to satisfy the purpose. When Health Partners receives an internal request for PHI, we will share information on a need-to-know basis. This helps to protect confidentiality and ensure a member's privacy. Management is responsible to enforce and document the minimum necessary standard for such uses. Any questions about PHI or the access to such information by the workforce will be directed to Health Partners' Privacy Official or designee.

Notice of Privacy Practices

At Health Partners, we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

When we talk about “information” or “health information” in this notice we mean the following:

- **Any kind of information about you and your health care**
- **Claims information**
- **Your address and phone number**
- **Your social security number**

How We Use or Share Information

The following are ways we may use or share information about you:

- We may use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment.
- We may share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor.
- We may use or share your information with others to help manage your health care. For example, we might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- We may share your information with others who help us conduct our business operations.
- **We will not share your information with these outside groups unless they agree to keep it protected.**
- We may use or share your information for certain types of public health or disaster relief efforts.
- We may use or share your information to send you a reminder if you have an appointment with your doctor.
- We may use or share your information to give you information about alternative medical treatment and programs or about health related products and services that may interest you. For example, we might send you information about smoking cessation or weight loss programs.

There are also state and federal laws that may require us to release your health information to others.

We may be required to provide information for the following reasons:

- We may report information to state and Federal agencies that regulate us such as the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services and the Pennsylvania Department of Health, Insurance and Public Welfare.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.
- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure and disciplinary actions).
- We may provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- We may report information to a government authority regarding child abuse, neglect or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with a funeral director as necessary to carry out his/her duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.

There may be other times that we may share information that is not mentioned above; however, if these reasons do not apply, **we must get your written permission to use or disclose your health information.**

If you give us written permission and change your mind, **you may take back that written permission at anytime.** Once you give us the proper authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

We are also not allowed to use or disclose your health information as follows:

- Health Partners must ensure that we do not disclose any confidential information in accordance with all laws, regulations, and policies of the Pennsylvania Department of Health and the Pennsylvania Insurance Department. In addition, we must comply with all rules governing the disclosure of information related to HIV/AIDS, Drug and Alcohol and Mental Health services.

What Are Your Rights?

The following are your rights with respect to your health information. If you would like to exercise the following rights, please contact Health Partners Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.

- **You have the right to ask us to restrict or limit how we use or disclose your information** for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give family members or to others who are involved in your health care or payment for your health care. *Please note that while we will try to honor your request, we are not required to agree to these restrictions.*
- **You have the right to ask to receive confidential communications** of information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to a different or additional address. We will work with you on any reasonable request by you as explained above.
- **You have the right to inspect and obtain a copy of information** that we maintain about you in your designated record set. A “designated record set” is a group of records maintained by or for Health Partners that is (i) the medical records and billing records about you; (ii) the enrollment, payment, claims adjudication, and case or medical management record; (iii) and any information we use to make decisions about you and your health care.

However, you do not have the right to access certain types of information and we may decide not to provide you with copies of the following information:

- Contained in psychotherapy notes;
- Gathered for possible use for or in connection with a civil, criminal or administrative action or proceeding; and
- Subject to certain federal laws governing biological products and clinical laboratories.

Additionally, in certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

■ **You have the right to ask us to amend information** we maintain about you in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 30 days after we receive it. If we are unable to act within 30 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete the action on your request.

If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to contest (argue) your statement. However, you have the right to request that your written request, our denial and your statement of disagreement be included with your information for any future disclosures.

■ **You have the right to receive an “accounting” or a summary/report of certain disclosures** of your information made by us during the six years prior to your request. **Please note that we are not required to provide you** with an accounting of the following information:

- Any information disclosed before April 14, 2003;
- Information disclosed for treatment, payment, and health care operations purposes;
- Information disclosed to you or pursuant to your authorization;
- Information that is incidental to a use or disclosure otherwise permitted;
- Information disclosed for a facility directory or to persons involved in your care or other nonfiction purposes;
- Information disclosed for national security or intelligence purposes;

- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies; and
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

We require that your request be in writing. We will act on your request for an accounting within 30 days. We may need additional time to act on your request, and therefore, may take up to an additional 30 days. Your first accounting will be free, and we will continue to provide to you one free accounting upon request every 12 months. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Exercising Your Rights

- **You have a right to receive a copy of this notice upon request at any time.**
- You can also view a copy of the notice on our website at www.healthpart.com. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new notice to you by direct mail and post it on our website.
- If you have any questions about this notice or about how we use or share information, please contact Health Partners’ Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579, or Kearline McKellar-Jones, Privacy Official. That office is open Monday through Friday from 9:00 a.m. to 5:00 p.m. You can also send us questions by e-mail at www.healthpart.com.

If you believe your privacy rights have been violated, you may file a complaint with us by contacting Health Partners Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.

We will not take any action against you for filing a complaint.