

Participant Bill of Rights and Responsibilities

At AltaMed PACE, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. Our staff seeks to affirm the dignity and worth of each Participant by assuring the following rights:

Respect and Non-Discrimination

You have the right to be treated with dignity and respect at all times by employees and contractors, and to receive compassionate, considerate care.

You have the right to:

- Be treated in a respectful manner that honors your dignity and privacy.
- Receive comprehensive health care provided in a safe and clean environment and in an accessible manner.
- Be free from harm, including unnecessary physical or chemical restraints or isolation, excessive medication, physical or mental abuse or neglect, and hazardous procedures.
- Be encouraged and assisted to recommend changes in policies and services to PACE staff.
- Receive reasonable access to a telephone at the center, both to make and receive confidential calls, or to have such calls made for you if necessary.
- Not have to do work or services for the AltaMed PACE Program.
- Not be discriminated against in the delivery of PACE services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment.
- Receive care from professionally trained staff.
- Know the names and responsibilities of the people providing your care.

- Know that decisions regarding your care will be made in an ethical manner.
- Have an interpreter or a bilingual provider available to you if your primary language is not English.

Information Disclosure

You have the right to receive accurate, easily understood information and to receive assistance in making informed health care decisions.

You have the right to:

- Be fully informed, in writing, of your rights and responsibilities, and all rules and regulations governing participation in AltaMed PACE.
- Be fully informed, in writing, of the services offered by AltaMed PACE, including services provided by contractors instead of AltaMed PACE staff. You must be given this information before enrollment, at enrollment, and at the time your needs necessitate the disclosure and delivery of such information, in order for you to make an informed choice.
- Have the PACE Enrollment Agreement fully explained in a manner understood by you.
- Examine, or upon reasonable request, to be helped to examine the results of the most recent review of the PACE organization conducted by CMS or the State administering agency and any plan of correction in effect.
- Participant rights being available in writing in English and in any other principle languages of the community. A principle language of the community is any language that is spoken by at least 5 percent of the individuals in AltaMed PACE service area.

- The PACE participant rights being displayed in a prominent place within the PACE Center.

Choice of Providers

You have the right to a choice of health care providers within the PACE organization's network, that is sufficient to ensure access to appropriate high-quality health care.

You have the right to:

- Choose your primary care provider and specialists from the AltaMed PACE provider network.
- Request a qualified specialist for women's health services or preventive women's health services.
- Disenroll from the program at any time and have such disenrollment be effective the first day of the month following the date the PACE program receives your request for voluntary disenrollment.

Emergency Care

You have the right to access emergency health care services when and where the need arises without prior authorization by the AltaMed PACE interdisciplinary team.

Confidentiality

You have the right to communicate with AltaMed PACE health care providers in confidence and to have the confidentiality of your individually identifiable health care information protected. You also have the right to review and copy your own medical records and request amendments to those records.

You have the right to:

- Be assured of confidential treatment of all information contained in the health record, including information contained in an automated data bank.

- Be assured that your written consent will be obtained for the release of medical or personal information or photographs or images to persons not otherwise authorized under law to receive it.
- Provide written consent that limits the degree of information and the persons to whom information may be given.

Treatment Decisions

You have the right to participate fully in all decisions related to your treatment. If you are unable to participate fully in treatment decisions you have the right to designate a representative.

You have the right to:

- Participate in the development and implementation of your care plan.
- Have all treatment options explained in a culturally competent manner and to make health care decisions, including the right to refuse treatment, and be informed of the consequences of the decisions.
- Request and receive complete information about your health and functional status by the AltaMed PACE Interdisciplinary Team.
- Request reassessment by the AltaMed PACE Interdisciplinary Team.
- Be given reasonable advance notice, in writing, of any transfer to another treatment setting and the justification for the transfer (that is, due to medical reasons or for your welfare, or that of other participants). The PACE program must document the justification in your medical record.
- Have the PACE program explain advance directives and to establish them if you so desire, including designating a health care surrogate.
- Be fully informed regarding the services provided, including frequency of services and treatment objectives within a mutually agreed upon care plan.

Complaints and Appeals

You have the right to a fair and efficient process for resolving differences with the PACE program, including a rigorous system for internal review by PACE and an independent system of external review.

You have the right to:

- Assistance to exercise civil, legal and participant rights, including AltaMed PACE grievance process, the Medi-Cal state hearing process, and the Medicare independent review process.
- Appeal any treatment decision made by AltaMed PACE or our contractors through our appeals process and to request a state hearing.
- Be encouraged and assisted to voice complaints to AltaMed PACE staff and outside representatives of your choice, free of any restraint, interference, coercion, discrimination, or reprisal by the PACE staff.

If you feel any of your rights have been violated or you are dissatisfied and want to file a grievance or an appeal, please report this immediately to your social worker or Center Manager.

Please refer to other sections of your AltaMed PACE Member Enrollment Agreement Terms and Conditions booklet for details about AltaMed PACE as your sole provider. A description of AltaMed PACE services and how they are obtained; how you may obtain emergency and urgently needed services outside AltaMed PACE's network; the grievance and appeals procedure; conditions for disenrollment; and a description of premiums, if any, and payment of these.

Participant Responsibilities

We believe that you and your caregiver play crucial roles in the delivery of your care. To assure that you remain as healthy and independent as possible, please establish an open line of communication with those participating in your care and

be accountable for the following responsibilities:

You have the responsibility to:

- Cooperate with the Interdisciplinary Team in implementing your care plan.
- Accept the consequences of refusing treatment recommended by the Interdisciplinary Team.
- Provide the Interdisciplinary Team with a complete and accurate medical history.
- Utilize only those services authorized by AltaMed PACE.
- Take all prescribed medications as directed.
- Call AltaMed PACE for direction in an urgent situation.
- Notify AltaMed PACE within 48 hours or as soon as reasonably possible if you require emergency services out of the service area.
- Notify AltaMed PACE verbally or in writing when you wish to initiate the disenrollment process.
- Pay required monthly fees as appropriate.
- Treat our staff with respect and consideration.
- Not ask staff to perform tasks that they are prohibited from doing by PACE or agency regulations.
- Voice any concerns or dissatisfaction you may have with your care.
- Notify AltaMed PACE Center immediately of any changes in your residence, telephone number or financial status.
- Provide AltaMed PACE with truthful information.
- Keep appointments and notify AltaMed PACE a minimum of 24 hours in advance when unable to attend the center or utilize scheduled transportation
- Learn about your medical condition and its meaning.
- Not deface property or shrubbery or encourage others to do so and not to remove articles from the center without permission.