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, to have all of your care kept private, and to get compassionate, considerate care.

**You have the right to:**
- Be treated in a respectful manner that honors your dignity and privacy.
- 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.
- 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 to use your rights in the AltaMed PACE program.
- 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 AltaMed PACE services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability or source of payment.

**Information Disclosure**
You have the right to get accurate, easy-to-understand information and have someone help you make 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.
- A full explanation of the Enrollment Agreement and an opportunity to discuss it.
• To receive a clear explanation (at the time of enrollment), of the rights and responsibilities as a participant and of all rules and regulations governing participants in the plan, as evidenced by a signed “AltaMed PACE Statement of Understanding” acknowledging understanding of the requirements.
• Have an interpreter or a bilingual provider available to you if your primary language is not English.
• Examine the results of the most recent federal or state review of AltaMed PACE and how AltaMed PACE plans to correct any problems that are found at inspection.
• To be fully informed of any costs related to services provided.
  ✽ This information will be provided prior to enrollment and on an on-going basis as needed.

Confidentiality
You have the right to talk with health care providers in private and have your personal health care information kept private as protected under state and federal laws.

You have the right to:
• Have all the information related to your care kept confidential within required regulations.
• 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.
• Review and copy your medical records and request amendments to those records and have them explained to you.
• Be assured of confidentiality when accessing Sensitive Services such as Sexually Transmitted Disease (STD) and HIV testing.

Choosing Your Provider

You have the right to:
• Choose your own primary care provider and specialists from the AltaMed PACE provider panel.
• Request a qualified specialist for women's health services or preventive women's health services.
• Initiate the disenrollment process at any time giving 30-day notice.

Emergency Care

You have the right to:
• Receive health care services in an emergency without prior approval from the AltaMed PACE Interdisciplinary Team.
Treatment Decisions

You have the right to:

• Participate in the development and implementation of your care plan. A Participant may also designate a health spokesperson.
• Have all treatment options explained to you in a respectful manner and acknowledge this explanation in writing.
• Make your own health care decisions.
• Refuse treatment and be informed of the consequences.
• Request and receive complete information about your health and functional status by the AltaMed PACE Interdisciplinary Team.
• Request a reassessment by the AltaMed PACE Interdisciplinary Team.
• Receive reasonable advance notice, in writing, if you are to be transferred to another treatment setting for medical reasons or for your welfare or the welfare of other Participants. Any such actions will be documented in your health record.
• Have our staff explain advance directives to you and to establish one on your behalf, if you desire.
• To be fully informed regarding the services provided, including frequency of services and treatment objectives within a mutually agreed upon care plan.
• To receive treatment and rehabilitative services designed to promote your functional ability to the optimal level and to encourage your independence.
• To be treated with dignity and humane care, including privacy in the treatment of care for your personal needs.
• To be free from harm, including unnecessary physical restraint, chemical restraints or isolation, excessive medication, physical or mental abuse or neglect.
• To be free from hazardous procedures.
• To refuse to participate in experimental research or be required to perform services, for therapeutic purpose, for AltaMed PACE that are not included in your Individual Plan of Care.
• To obtain health education and counseling regarding your medical condition.
• To have a clear explanation of any forms you are asked to sign, and be given the opportunity to ask any questions if clarification is needed.
• To be assured that personnel who provide care are qualified through education and experience to carry out the services for which they are responsible.
• The right to self-determination with regard to health services.
• The right to notify the AltaMed PACE physician when a second opinion is desired.
• The right to request that you continue to receive care from a terminated provider, if you were undergoing a course of treatment for an acute or serious chronic condition at the time of termination.
• Your request should be conveyed to your AltaMed PACE Physician who will authorize arrangements for this continued care for the duration of an ongoing
treatment for up to 90 days or a longer period if necessary for a safe transfer to another provider as determined by the AltaMed PACE Plan in consultation with the terminated provider, consistent with good professional practice.

- This request will not apply to contract providers or provider groups who were terminated for reasons relating to medical disciplinary action, fraud, other criminal activity, or who voluntarily terminated their contracts with AltaMed PACE.
- To receive comprehensive care in a safe and clean environment.
- To receive assessment and management of my pain during the enrollment process and upon a change of condition.

**Exercising Your Rights**

**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 and Medi-Cal appeals processes.
- Voice your complaints and recommend changes in policies and services to our staff and to outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by our staff if you do so.
- Appeal any treatment decision made by AltaMed PACE or our contractors through our appeals process and request a State hearing.

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 call our office during regular business hours at (877)462-2582 or for hearing impaired, our toll free line at 1 (800) 735-2922.

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 the AltaMed PACE physician 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.