

Member Rights and Responsibilities

These Rights and Responsibilities tell what you can expect from our program. It also tells you what you can do to make the program work better for you. We use your information to provide disease management support services to you. We may also share some information with your health plan or with other service providers. This information can help them answer your questions. It can also help them tell you about other services they may have. Our use of your information will follow the rules set by the Health Insurance Portability and Accountability Act, or HIPAA.

What you can expect from us

You have the right to:

- Know more about our programs and staff.
- Get information that is correct and easy to understand.
- Get information that lets you make better choices about your healthcare.
- Choose not to be in the program.
- Leave the program at any time for any reason.
- Know if and when the program changes or ends.
- Take part in all your healthcare choices.
- Have someone make choices for you if you cannot.
- Be treated with courtesy and respect.
- Know the names, training and experience levels of our staff members.
- Ask to work with a different staff person.
- Tell us if you think we are doing something wrong.
- Speak with a supervisor if you ask to.
- Use these rights without penalty and have us support your efforts.

You also have the right to:

- Have your health information kept private according to laws.
 - Know the steps we use to keep your privacy.
 - See and copy your health record.
 - Ask for changes to your health record.
 - Limit how information about you is used and shared according to laws.
 - Know who receives information from your health record.
 - Appeal differences about your health information and its privacy.
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What we expect from you

You have the responsibility to:

- Be active in the coaching process.
- Tell your doctor that you joined our program.
- Follow your doctor's orders and our coaches' advice.
- Give us true information about your health.
- Tell us about any changes to your health or treatment.
- Let us know if you cannot keep your coaching calls.
- Tell us, and your doctor, if you decide to stop taking part in the program.
- Make sure we have good contact information so we can reach you.

If you cannot accept these responsibilities, they are transferred to your family, guardian or personal representative. These Rights and Responsibilities are not exclusive to other programs in which you may be enrolled.