

Member Rights and Responsibilities

UPMC *for You*

Rights of Members

- To be treated with respect, recognizing your dignity and right to privacy
- To have your identity protected
- To know about UPMC *for You*, its programs, its services, its providers, and members' rights and responsibilities
- To ask for UPMC *for You* utilization review guidelines and clinical practice guidelines
- To choose your own participating PCP or other provider
- To participate in decisions regarding your health, including the right to refuse treatment
- To not participate in research and to stop treatment as long as you understand that by stopping treatment your condition may get worse or possibly become fatal
- To exercise your rights and be assured that exercising those rights will not adversely affect the way UPMC *for You* or our providers treat you
- To access, inspect, and receive a copy of most of your protected health information (PHI) that UPMC *for You* has in our files. Your PHI includes personal information, such as your health benefit records with your address and your Social Security number
- To request an amendment to your PHI
- To request restrictions to the use and disclosures of your PHI
- To request alternative methods of communications regarding your PHI
- To receive an accounting of certain types of disclosures of your PHI as specified in the Health Insurance Portability and Accountability Act (HIPAA) regulations
- To have a Living Will and/or a Durable Power of Attorney that tells how decisions about your treatment will be made if you cannot decide *for yourself*
- To get a second opinion
- To talk about medically necessary treatment options for your condition, regardless of cost or benefit coverage
- To make a complaint or file a grievance about UPMC *for You* and/or your PCP or other provider
- To request a Department of Public Welfare (DPW) Fair Hearing at any time during the complaint or grievance process
- To be represented by parents, guardians, family members, or other custodians of your choice, if you are unable to fully participate in your treatment decisions
- To select a personal representative to act on your behalf during the complaint and grievance process
- To make recommendations about UPMC *for You* members' rights and responsibilities policy
- To know that UPMC *for You* staff and UPMC *for You* providers are required to follow state and federal laws related to your care and your rights as a member
- To be free from any form of restraint or seclusion; restraint or seclusion may not be used as a means of harassment, discipline, convenience, or retaliation
- To receive clear and complete information from your PCP or other providers about your health condition and treatment
- To request a change to another managed care health plan following DPW guidelines
- To request and receive a provider directory that includes a list of network providers and the non-English languages they speak (if applicable)

In keeping with established regulations, UPMC Health Plan will update all members on any changes. ✓

Responsibilities of Members

- To treat your PCP or other provider and other health care workers with dignity and respect
- To tell your PCP or other provider as much about your medical history as you know
- To follow your PCP or other provider's directions, such as taking the right amount of a medicine at the right times, if you agreed to do so
- To report your symptoms and problems to your PCP or other provider and ask questions
- To be on time for your visits and call if you will be late or must cancel a visit
- To ask questions about and understand how to access health care services
- To talk to and work with your PCP or other provider about behavioral health problems
- To provide a safe home environment for those services rendered in your place of residence
- To understand your health problems and, whenever possible, participate with your PCP or other provider in the development of treatment goals that you and your provider have agreed upon
- To consent to the proper use of your health information
- To carry your UPMC *for You*, fee-for-service (ACCESS), and any other medical insurance cards with you at all times and to present them to providers when scheduling and receiving medical services
- To tell your PCP or other provider's office and UPMC *for You* of any medical insurance you have in addition to UPMC *for You*
- To tell your case worker if you move or if you plan to be out of the area for a period of over 30 days
- To call your PCP or ob-gyn if you think you are pregnant
- To not share your UPMC *for You* ID card with anyone, including other members
- To provide written authorization telling UPMC *for You* if you decide to have someone (family member, friend, lawyer, or other person you know) represent or act on your behalf during the complaint or grievance process ✓