

Member Rights And Responsibilities



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Member Rights

As a US Family Health Plan member, you have the right to:

- Get information about covered benefits and cost sharing.
- Get information about US Family Health Plan and our services. Get facts about our licensure, certification, and accreditation status.
- Get information about our doctors, providers, and facilities. This includes learning about the makeup of our network.
- Have a choice of healthcare providers. The choice should be good enough to ensure access to the high-quality healthcare that you need.
- Get data on the satisfaction of Plan members.
- Know how to access specialists. Know how to access emergency services.
- Get considerate and respectful care that aims to maintain your dignity at all times.
- Have access to all of the healthcare and treatment services we provide. This includes data on our management of care. (Access depends on the availability of resources. It also must be within generally acceptable standards.)
- Have access to services for emergency healthcare when and where the need arises.
- Refuse treatments to the extent permitted by law and government regulations. You also have the right to be told the consequences of such refusal of treatment.
- Question whether the care being provided is adequate.
- Have privacy and confidentiality with your medical care and records. You have this right to the extent permitted by law. You have the right to approve or refuse the release of such information; you will be afforded the opportunity to do this. One exception is when release is required by law or the Department of Defense.
- Know the identity and professional status of the provider who is most responsible for handling your care. You have the same right with the other healthcare people who take part in your treatment.
- Take part in decisions about your healthcare. Members who cannot fully take part in such decisions have the right to have certain other people represent them. These people include parents, guardians, family members, or other conservators.
- Understand an explanation of the diagnosis and treatment of your illness. You also have the right to understand what the future of your illness may be.
- Know the key aspects of your treatment so that you can make informed decisions about your care. These aspects include possible complications, risks, and benefits if you consent to or refuse a treatment. You also have the right to know about alternative treatments.
- Be advised if US Family Health Plan intends to engage in or perform experimental research. This will help you make informed decisions about your care. You have the right to refuse to participate in such research.
- Get care and treatment in a safe environment. You also have the right to be informed of the facility's rules and regulations that relate to patient and visitor conduct.
- Be informed of the US Family Health Plan system for member complaints and appeals. This system is specifically for the initiation, review, and resolution of patient complaints and appeals.
- File complaints and appeals with US Family Health Plan. This is outlined in the "Complaints and Grievances and Appeals Procedure" section of this handbook.

- Use our internal complaint and appeal processes. This is the way to address concerns that may arise.
- Get considerate, respectful care from all members of the healthcare system without bias. You cannot be discriminated against based on race, ethnicity, national origin, religion, sex, age, mental or

physical disability, sexual orientation, genetic information, or source of payment.

- Report recommendations or questions you have to a Member Services Representative. Doing so will help us better serve all members.

Member Responsibilities

As a US Family Health Plan member, you are responsible for:

- Being well-informed about your health plan coverage and health plan options. This includes all covered benefits, limitations, and exclusions. It also includes rules about the use of network providers, about coverage, and referrals. It also includes the proper processes to get more information. Finally, it includes the process to appeal decisions about coverage.
- Providing your doctor with complete information about your health, to the best of your knowledge. This includes your past medical history and other related topics.
- Being involved in specific choices about your healthcare.
- Complying with the medical and nursing treatment plan you have agreed on with your provider(s). This includes follow-up care. It also includes keeping appointments and letting providers know, in a timely way, if you must miss one. You also are responsible for telling your provider if you do or do not understand the treatment plan and what is expected of you.

- Boosting healthy habits. Examples are exercising, not smoking, and eating a healthy diet.
- Making a good-faith effort to meet financial duties. This includes paying copayments at the time that services are received.
- Following the claims process. You are responsible for using the disputed claims processes when you disagree with a claim.
- Being considerate of the rights of other patients. You are responsible for being considerate of US Family Health Plan staff and network providers.
- Having respect for the property of other people and facilities.
- Following the rules and regulations about patient conduct at all provider facilities. This includes rules about not smoking, about parking, and so on.
- Reporting wrongdoing and suspected fraud. You should report it to the proper resources or legal authorities.

Notice of Nondiscrimination and Accessibility Rights



Pacific Medical Centers, PacMed, and their Affiliates¹ (collectively “PacMed”) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. PacMed does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. PacMed:

(1) Provides free aids and services to people with disabilities to communicate effectively with us, such as: (a) Qualified sign language interpreters; and (b) Written information in other formats (large print, audio, accessible electronic formats, other formats).

(2) Provides free language services to people whose primary language is not English, such as: (a) Qualified interpreters; and (b) Information written in other languages.

If you need any of the above services, please contact the appropriate Civil Rights Coordinator below. If you need Telecommunications Relay Services, please call 1-800-833-6384 or 7-1-1.

If you believe that PacMed has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with PacMed by contacting the Civil Rights Coordinator for your service location as listed below:

Service Location:

Pacific Medical Centers

Civil Rights Coordinator:

Civil Rights Coordinator
101 W. 8th Ave.
Spokane, WA 99204
Tel: 1-844-469-1775
Interpreter Line: 1-888-311-9127
Email: Nondiscrimination.WA@providence.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, one of the above-noted Civil Rights Coordinators is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F,
HHH Building
Washington, DC 20201,
1-800-368-1019
800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

¹For purposes of this notice, “Affiliates” is defined as any entity that is wholly owned or controlled by Western HealthConnect, PacMed Clinics, or Providence Health & Services, including but not limited to all subsidiaries, facilities, and locations operated by those entities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電888-311-9127 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).

ՈՒՇՄԱՂԴՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ կարող են տրամադրվել լեզվական աջակցություն անվճար ծառայություններ: Չանգահարեք 888-311-9127 (հեռատիպ (TTY)՝ 711)։

يُرجى الانتباه: إذا كنتم تتكلمون اللغة العربية، فأعلموا أن خدمات المساعدة اللغوية متوفرة مجاناً لكم. اتصلوا برقم الهاتف 888-311-9127 (أو بخط المبرقة الكاتبة TTY لضعاف السمع والنطق على الرقم 711).

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 888-311-9127 (TTY:711) تماس بگیرید.

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。888-311-9127 (TTY:711)まで、お電話にてご連絡ください。

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਰੇ, ਤਾਂ ਤਾਮਾ ਯਦਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। 888-311-9127 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

សូមចាំអារម្មណ៍៖ ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ នោះសេវាជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនលោកអ្នក ដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 888-311-9127 (TTY: 711)។

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 888-311-9127 (TTY:711) पर कॉल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, koj tuaj yeem siv cov kev pab txhais lus pub dawb. Hu rau 888-311-9127 (TTY: 711).

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการ ความช่วยเหลือทางภาษาได้โดยไม่มีค่าใช้จ่าย โทร 888-311-9127 (TTY: 711)