

I. Members have the right to:

1. Receive information about the provider group, its services, its practitioners and providers, and member's rights and responsibilities.
2. To be free from retaliation or force of any kind when making decisions about your care.
3. Be treated with respect and recognition of their dignity and right to privacy.
4. Participate with practitioners in making decisions regarding health care.
5. A candid discussion of appropriate or medically necessary treatment options for conditions, regardless of cost or benefit coverage.
6. Receive medically necessary covered services without regard to race, religion, age, gender, national origin, disability, sexual identity or orientation, family composition or size or medical condition or stage of illness.
7. To have providers share findings of medical history and physical exam.
8. To discuss potential treatment options (including those that may be self-administered) and the risks, benefits and consequences of treatment or non-treatment.
9. Be informed of the side effects of management of symptoms (without regard to plan coverage).
10. Receive sufficient information, to be able to provide input into the proposed treatment plan and has the final say in the course of action to take among clinically acceptable choices.
11. Be informed of specific health care needs which require follow-up and receive, as appropriate, training in self-care and other measures members may take to promote their own health.
12. To specify under what circumstances services are coordinated and the methods for coordination.
13. Have a representative to facilitate care or treatment decisions for a Medicare Advantage member who is incapable of doing so because of physical or mental limitations.
14. To ensure FirstChoice Medical Group and the provider have the information required for effective patient care.
15. To ensure there is appropriate exchange of information among the provider network components.
16. Receive family planning services, services at a Federally Qualified Health Center (FQHC) or Indian Health Center, sexually transmitted disease (STD) services and emergency services outside the network as stated in Federal Law.
17. Receive emergency care whenever necessary and wherever the member needs it.
18. Receive sensitive services, such as family planning or mental health care in a confidential way.
19. Request an interpreter or linguistic services in the member's primary language.
20. Request any communication to be provided in the member's primary language.
21. Choose a primary care physician (PCP) within the network.

22. Make decisions about care, including the decision to stop treatment.
23. Decide in advance how to be cared for in case of a life-threatening illness or injury.
24. Provide a written addendum with respect to any item or statement in their medical record, if the member believes the record is incomplete or incorrect.
25. Review, request corrections to and receive a copy of the member's medical records.
26. Keep medical information and records confidential, unless they say differently.
The member has the right to amend their Protected Health (PHI) and obtain accounts of the disclosure of their PHI for treatment, payment and health care options or disclosures for which the member has provided an authorization.
27. To authorize/deny release of PHI beyond uses for treatment, payment or health care options.
28. To view all records, material and documents used in making a coverage determination and are entitled to copies of their health information in an electronic format from any Health Plan or health care provider that uses or maintains electronic health records. Medical information is released after member authorization and in accordance with applicable Federal or State law.
29. To voice grievances/complaints or appeals about the Provider Group or the care provided.
30. Complain about the Health Plan, its providers or their care. The member has the right to appeal the Health Plan's decisions, to choose someone to represent them during the grievances process. The member has the right for their complaints and appeals to be reviewed as quickly as possible. Medi-Cal members have the right to request a Fair Hearing.
31. Request an external independent review.
32. Disenroll from the FirstChoice Medical Group or Health Plan.
33. Request for a second opinion about a medical condition.

II. Members have certain responsibilities:

1. Be familiar with and ask questions about their Health Plan coverage.
2. Follow the procedures indicated by their physician, Health Plan and Medi-Cal Program
3. Treat providers and staff with courtesy and respect. This includes being on time for an appointment or calling the provider if an appointment needs to be cancelled or rescheduled.
4. Give accurate information to the Health Plan, physician or any other provider.
5. Be part of their health care decision. Ask the physician questions if they do not understand.
6. Work with their physician to make plans for their health care.
7. Follow the plans and instructions for care that the member agreed on with providers.
8. Supply information (to the extent possible) that FirstChoice Medical Group and its providers need in order to provide care.
9. Follow plans and instructions for care the member has agreed on with their providers.

10. Understand their health problems and participate in developing a mutually agreed upon treatment goals to the degree possible.
11. Immunize their children by the age of 2 and always keep their children's immunizations up to date.
12. Call their physician when they need routine or urgent health care.
13. Care for their own health and avoid knowingly spreading disease to others.
14. Use the Health Plans complaint process to file a complaint.
15. Report any wrongdoing or fraud to the Health Plan or the proper authorities.
16. Understand that there are risks in receiving health care and limits to what can be done medically.
17. Understand that it is a healthcare provider's duty to be efficient and fair in caring for a patient.
18. Request for an interpreter at no charge and not to use a family members or friend to translate for you.