



## SUMMARY OF THE FLORIDA MEMBER'S BILL OF RIGHTS AND RESPONSIBILITIES

As a Plan Member, you have rights and responsibilities that are important for you to know.

### *You Have the Right To:*

- Be treated with respect and with due consideration for your dignity and privacy.
- You have the right to ask for and get a copy of your medical records and to ask that this be changed and corrected, as required by the law.
- You have the right to a prompt and reasonable response to questions and requests.
- You have the right to know who is providing medical services and who is responsible for your care. You have the right to know his or her qualifications.
- You have the right to know what rules and regulations apply to your conduct.
- You have the right to be furnished health care services in accordance with federal and state regulations.
- You have the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- You have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand. You are to be given the opportunity to participate in decisions involving your health care, except when such participation is contraindicated for medical reasons. (If written permission is required for procedures, such as surgery, be sure, you understand the related risks and why the procedure or treatment is needed.)
- You have the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- You have the right to receive information about the Primary Care Physician (PCP) or other specialists in your Plan.
- You have the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- You have the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- You have the right to receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- You have the right to know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- A member has the right to know what member support services are available, including whether an interpreter is available if he or she does not speak English.
- You have the right to know about access to after-hours and 24-hour and emergency care.
- You have the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- You have the right to participate in decisions regarding your healthcare, including the right to refuse treatment and be advised of the probable results of your decision. The Plan encourages you to discuss your objections with your healthcare professional.
- You have the right to choose a Primary Care Physician from the Plan network of doctors. If you need information on how to change your PCP, you may call the Plan.



- You have the right to express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure to the health care provider or health care facility which served you and to the appropriate state licensing agency.
- You have the right to be informed about and be allowed to have a written Advance Directive.
- You have the right to your medical records and information kept in private and confidential, except as required by law. This includes any information you have shared with the provider or the staff.
- If you are eligible for Medicare you have the right to know, upon request and in advance of treatment, whether the healthcare provider or the healthcare facility accepts the Medicare assignment rate.
- You have the right to know if your doctor has malpractice insurance coverage.
- You have the right to be free from any form of restraints or seclusions used as a means of coercion, discipline, convenience or retaliation.

Additionally, the State must ensure that you are free to exercise your rights, and that the exercise of those rights does not adversely affect the way the health plan and its providers or the state agency treat you.

*You have the Responsibility to:*

- You are responsible to be informed about the Plan's covered services by reading the Member handbook. Please call the Plan when you have questions or concerns about your coverage at (800) 887-6888 or call Florida Relay 711.
  - You are responsible to know how to use the Plan's services and now the Plan's processes.
  - You are responsible for providing to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications (including over-the-counter products), dietary supplements, any allergies or sensitivities, and other matters relating to your health.
  - You are responsible to report unexpected changes in your medical condition to your health care provider.
  - You are responsible to inform the Plan and your doctors if you changed address.
  - You are responsible to show your Plan Member ID card when getting services and not allow the illegal use of your Member ID card.
  - You are responsible to inform your doctor and the plan about any other insurance that you have.
  - You are responsible to conduct yourself in a manner that is respectful of all health care providers and staff, as well as other members.
  - You are responsible to follow health care facility rules and regulations affecting your care and conduct.
  - You are responsible to follow the treatment plan recommended by your healthcare provider.
  - You are responsible for reporting to your health care provider if you are contemplating a course of action and you expect from him or her.
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- You are responsible to consult with your PCP for his or her advice before getting care unless it is an emergency and your life and health are in serious danger.



- You are responsible for keeping appointments and when you are unable to do so, you are responsible to notify him or her.
- You are responsible for assuring that the financial obligations related to non-covered services are fulfilled as soon as possible.
- You are responsible to establish and maintain a relationship with your PCP.
- You are responsible for your actions if you refuse treatment or you do not follow your health care provider recommendations.
- You are responsible for informing your provider about any living will, medical power of attorney or Advanced Directives that could affect your care.
- You are responsible to provide the name of a responsible adult to go with you and stay with you at the hospital for 24 hours, if your provider requests that you do so.