

Members' Rights and Responsibilities

All Members of UPMC Health Plan Behavioral Health Services have certain rights and responsibilities. Every staff person and provider has the obligation and responsibility to know these rights and responsibilities and to support them in daily operations. Member responsibilities are intended to serve as guidelines to help the member, provider and others work cooperatively and effectively for the member's benefit. Member responsibilities must always be considered in light of the nature of the member's illness and his or her particular circumstances.

Members of UPMC Health Plan Behavioral Health Services have the following rights:

- To be treated with respect and dignity.
- To expect that all issues that affect care will be handled in a confidential manner.
- To receive impartial access to treatment and/or accommodations which are available or medically indicated, regardless of race, color, religious creed, disability, ancestry, national origin, age, sex, or sources of payment for care.
- To receive information about UPMC Health Plan Behavioral Health Services, its services, its providers and enrollee rights and responsibilities.
- To select a behavioral health provider of his/her choice. If the member is dissatisfied for any reason with the provider initially chosen, he/she has the right to choose another network provider.
- To know the identity and professional status of those providing service and to know which physician or other practitioner is primarily responsible for his/her individual care. Members also have the right to receive information from UPMC Health Plan Behavioral Health Services about clinical guidelines and protocols.
- To considerate, respectful treatment at all times and under all circumstances with recognition of his/her personal dignity.
- To be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy.
- To give informed consent before the start of any procedure or treatment.
- To participate with practitioners in decision-making regarding care.
- To be provided complete and current information about diagnosis, treatment and any known prognosis—in a manner that is understandable from the practitioner(s) responsible for care.
- To participate in a candid discussion of appropriate or medically necessary treatment options for his/her conditions, regardless of cost or benefit coverage.
- To review communications and other records pertaining to his/her care, including the source of payment for treatment; to have that treatment held as confidential in accordance with the guidelines established in applicable State and Federal laws.
- To receive information in a medium which is understandable. If members do not speak or understand the predominant language of the community, they will have access to an interpreter who is able to communicate with the member.
- To receive printed materials that describe important information about behavioral health services in a format that is easy to understand and easy to read.

- To have access to a clear complaint and appeal process, regarding the organization or care received and to have issues resolved in a timely manner.
- To appeal a decision regarding medical necessity made by UPMC Health Plan Behavioral Health Services and its providers, when the member does not agree with the decision rendered.
- To make recommendations regarding UPMC Health Plan Behavioral Health Services' rights and responsibilities policies.
- To disenroll from the UPMC Health Plan.

Members are responsible for:

- Providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other health matters.
- Reporting unexpected changes in their condition to the primary practitioner.
- Verbalizing whether they clearly comprehend a contemplated course of action and understand what is expected.
- Following the plans and instructions for care that have been agreed upon with the practitioner.
- Participating, to the degree possible, in understanding their behavioral health problems and developing mutually agreed-upon treatment goals.
- Carrying their UPMC Health Plan card.
- In an emergency, seeking emergency care at a participating network hospital when possible.
- Keeping appointments and, if they are unable to do so, for any reason, notifying the responsible practitioner or the hospital in advance.
- Accepting the consequences of their decisions if they choose to refuse treatment or do not follow the practitioner's instructions.
- Paying applicable co-payments and fees.
- Notifying the Health Plan within 30 days of any changes to name, marital status, address, telephone number, or any known changes in eligibility.