

Florida Health Care Plans Member's Rights

You Have the Right:

- To a reasonable response to your requests and need for treatment or service within FHCP's capacity, and applicable laws and regulations.
- To be informed about, consent to, or refuse recommended treatment.
- To present grievances without compromise to future health care, if you feel these rights have not been provided.
- To file an appeal. Contact FHCP's Member Services Department at 1-877-615-4022 for information about the appeals process.
- To be considered as an individual with personal values and belief systems, and to be treated with compassion, dignity, respect, reasonable protection from harm, and appropriate privacy.
- To receive quality health care regardless of race, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition (including conditions arising out of acts of domestic violence), sexual orientation, sexual identity, claims experience, medical history, evidence of insurability, genetic information, or source of payment.
- To be informed about your diagnoses, treatments, and prognoses. When concern for your health makes it inadvisable to give such information to you, such information will be made available to an individual designated by you or to a legally authorized representative.
- To be assured of confidential treatment and disclosure of records and to be afforded an opportunity to approve or refuse the release of such information, except when release is required by law.
- To be informed of what support services are available at no charge to you, including but not limited to, interpreter services in the language of your choice.
- To refuse treatment to the extent permitted by law and be informed of the consequences of your refusal. When refusal of treatment by the member or the member's legally authorized representative prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the member may be terminated with reasonable notice.
- To participate in decisions involving your health care, including ethical issues and cultural and spiritual beliefs, unless concern for your health makes this participation detrimental to you.
- To information about FHCP, its providers, practitioners and your member rights and responsibilities.
- To participate in discussions involving medically necessary treatment options regardless of cost and/or benefit coverage.
- To refuse to participate in experimental research.
- To know the name of the physician coordinating your health care and to request a change of your primary care provider.
- To make decisions concerning your medical care, including the right to accept or refuse medical treatment or surgical treatment and the right to formulate advance directives in accordance with the Federal Law titled "Patient Self-Determination Act" and the Florida Statute Chapter 765 "Health Care Advance Directives." These rights shall also include the right to appoint a representative either by Power of Attorney or by designation of a Health Care Surrogate to make health care decisions for you and to provide informed consent if you are incapable of doing so.
- To make recommendations regarding the organization's member rights and responsibilities policy.
- To bring any person of your choosing to the patient accessible areas of the healthcare facility or provider's office to accompany you while receiving outpatient treatment or consulting with your health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.

Florida Health Care Plans Member's Responsibilities

You Have the Responsibility:

- To provide accurate and complete information about your present complaints, past illnesses, medications, and unexpected changes in your condition.
- To understand, ask questions, and follow recommended treatment plan(s) to the best of your ability.
- To promptly respond to FHCP's request for information regarding you and/or your dependents in relation to covered services.
- To demonstrate respect and consideration towards medical personnel and other members.
- To understand your health problems and to participate in developing mutually agreed upon goals to the best of your ability.
- To know your medicines and take them according to the instructions provided.
- To keep appointments reliably and arrive on time or notify the provider, 24 hours in advance, if you are unable to keep an appointment.
- To follow safety rules and posted signs.
- To receive all of your health care through FHCP, with the exception of emergency care. (Members with a Point of Service or Triple Option Plan should review your "Summary of Benefits and Coverage" Sheet).
- To understand that you are responsible for your actions and consequences, if you refuse treatment or do not follow provider's instructions.
- To report emergency treatment to FHCP at 1-877-615-4022.
- To present your FHCP membership identification card each time you drop off and pick up a prescription.
- To use the emergency room facilities only for medical emergencies and serious accidents.
- To be financially responsible for any co-payments, co-insurance, and/or deductibles and to provide current information concerning your FHCP membership status to the provider.