

Patient rights and roles

Evernorth Care Group is committed to providing personalized, quality and cost-effective care. As a Evernorth Care Group patient, you have certain rights and roles, and it is important that you fully understand them.

You and your personal/legal representative have the right:

- + To receive patient rights in a language or manner of communication you understand.
- + To be treated in a manner that respects your privacy and dignity as a person and to not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status or diagnosis.
- + To be free from all forms of abuse or harassment (including abuse, neglect, exploitation, coercion, manipulation, sexual abuse/assault, seclusion and/or misappropriation of personal and private property).
- + To be free from restraint unless necessary to prevent imminent harm to self or others.
- + To receive assistance in a prompt, courteous and responsible manner.
- + To receive privacy in treatment and care for personal needs.
- + To review, upon written request, your medical records.

To confidential handling of

- + All communications and medical information maintained at Evernorth Care Group as provided by law and professional medical ethics. Your written permission will always be required for Evernorth Care Group's release of medical information except when:
 - Health professionals providing for your care request clinical information.
 - Evernorth Care Group is legally obligated to release information.

- Evernorth Care Group prepares and releases information in the form of statistical summaries that do not identify individual participants.
- Information is necessary to support or facilitate claims payment, utilization management or quality management.
- + To be informed by your treating physician of your diagnosis, evaluation, plan of treatment and prognosis in terms you understand and that supports/respects your individuality, choices, strengths and abilities
- + To be informed by your treating health professional about any treatment you may receive. Your treating health professional should request your consent for all treatment, including photographs taken for clinical purposes unless there is an emergency and your life and health are in serious danger.
- + To be informed of associated risks and possible complications as well as alternatives to any proposed surgical procedure or psychotropic medication.
- + To participate with your treating health professional in decisions involving your healthcare, including either to participate or refuse to participate in research or experimental treatment.
- + To be informed of Evernorth Care Group's policy on health care directives.
- + To receive verbal and written notice of your Patient Rights in advance of a surgical procedure.

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- + To refuse or withdraw consent for treatment before treatment is initiated and be advised of the possible consequences of your decision by your treating health professional. We encourage you to discuss your objections with your Primary Care Provider (PCP). He or she will advise and discuss alternative treatment plans with you, but you will have the final decision.
- + To be provided with a listing of Evernorth Care Group health professionals, consultants and services including after hours and emergency care. To be referred to other health professionals whenever unable to provide needed physical or behavioral health services at Evernorth Care Group.
- + If provided by your Plan, to select a Primary Care Provider (PCP) and to change your PCP for any reason.
- + To express a complaint about Evernorth Care Group and/or the care you have or have not received and to receive a response in a timely manner.
- + To initiate the grievance procedure if you are not satisfied with Evernorth Care Group's decision regarding your complaint.
- + To be free from retaliation for submitting a complaint to the Department or other entity.
- + To be provided with information about how to learn about your health care benefits, any exclusions and limitations associated with your plan, service fees and any charges that you will be responsible for.
- + To have a family member, representative or other individual assist you in understanding, protecting, or executing your patient rights.
- + To consult your Clinician for his/her direction prior to receiving medical care (except in a life-threatening situation).
- + To keep scheduled appointments and notify the Clinician's office if you will be delayed or unable to keep an appointment.
- + To know what medication(s) you are taking, why you are taking it and the proper way to take it.
- + To express your opinion, concerns, or complaints/grievances in a constructive manner to the appropriate people within Evernorth Care Group.
- + To present your insurance identification card prior to receiving services.
- + To pay all charges, if any, for appointments and non-covered services at the time service is rendered.

You have a role:

- + To partner with your Clinician in making decisions about your health and medical interventions.
- + To provide honest and complete information to those providing care.
- + To ask questions of your Clinician and seek clarifications until you fully understand the care you are receiving.

Your role:

All patients are responsible for learning how to access information about their health plan benefits. Please call the Member Services or Customer Services identified by your insurance plan when you have questions or concerns.

To make a complaint or grievance, you may contact:

Arizona Department of Health Services

150 North 18th Avenue
Suite 450
Phoenix, AZ 85007

General and Public Information:

Phone: **602.542.1025**
Fax: **602.542.0883**

Medicare Beneficiary Complaints

Attn: Livanta
Beneficiary and
Family Centered Care-
Quality Improvement
Organizations
Toll-free Helpline at:
877.588.1123
TTY number: **711**

Office of Medicare Beneficiary Ombudsman website:

www.cms.hhs.gov/center/ombudsman.asp

EVERNORTH Care Group