

## Member Rights and Responsibilities //

### MEMBER RIGHTS

1. You have the right to receive information about Beacon's services, benefits, practitioners, providers, member rights and responsibilities and clinical guidelines. You have a right to receive this information in a manner and format that is understandable and appropriate to your condition.
2. You have the right to receive oral interpretation services free of charge for any materials in any language.
3. You have the right to be treated with respect as an individual in a manner that protects your privacy and dignity, regardless of race, gender, veteran status, religion, marital status, national origin, physical disabilities, mental disabilities, age, sexual orientation, or ancestry.
4. You have the right to have all communication regarding your health information kept confidential by Beacon staff and contracted providers and practitioners, to the extent required by law.
5. You have the right to participate with practitioners and providers in your own treatment planning and decision making regarding your care, and to include family members when appropriate and/or requested. Treatment planning discussions may include all appropriate and medically necessary treatment options, regardless of benefit design and/or cost implications.
6. You have the right to decide who will make medical decisions for you if you cannot make them.
7. You have the right to give or refuse consent for treatment and give or refuse consent for communication of treatment information to your PCP and/or other behavioral health providers.
8. You have the right to obtain information regarding your own treatment record with signed consent in a timely manner and have the right to request an amendment or correction be made to your medical records.
9. You have the right to appeal a Beacon Health Options authorization decision resulting in denial of any aspect of care or service.
10. You have the right to submit a complaint or concern (or have a designee do so on your behalf), verbally or in writing, about the care you have received.
11. You have the right to have questions or concerns answered completely and courteously by your providers and Beacon staff.
12. You have the right to contact Beacon's Office of Ombudsman to obtain a copy of Beacon's member rights and responsibilities statement. You may make recommendations about the member rights and responsibilities statement to the Ombudsperson
13. You have the right to participate in the Member Advisory Council. You may make recommendations about the member rights and responsibilities statement to the council.

14. You have the right to exercise these rights without having your treatment adversely affected in any way.
15. You have the right to be free from restraint and seclusion as a means of coercion, discipline, convenience, or retaliation.
16. You have the right to access emergency care 24 hours a day, 7 days a week.

## MEMBER RESPONSIBILITIES

1. You are responsible for choosing a primary care provider and site for the coordination of all your medical care.
2. You are responsible for carrying your HP/MCO member ID card and showing the card whenever you seek treatment.
3. You are responsible for understanding your benefits, what's covered and what's not covered.
4. You are responsible for understanding that you may be responsible for payment of services you receive that are not included in the Covered Services List for your coverage type.
5. You are responsible for providing information, to the best of your ability, to Beacon and treating providers that is necessary to ensure effective behavioral healthcare for you.
6. You are responsible, to the best of your ability, to understand your behavioral healthcare needs and participate in your treatment including developing, following and revising as necessary, mutually agreed upon treatment and aftercare plans.
7. You are responsible for contacting your Behavioral Health Provider, if you have one, if you are experiencing a mental health or substance abuse emergency.