

Participant's

BILL OF RIGHTS AND RESPONSIBILITIES

Your Rights in the Program of All-inclusive Care for the Elderly

The Program of All-inclusive Care for the Elderly (PACE) is a special program that combines medical and long-term care services in a community setting.

HopeWest PACE must fully explain your rights to you or someone acting on your behalf in a way you can understand at the time you join.

You have the right to be treated with respect.

You have the right to be treated with dignity and respect at all times, to have all of your care kept private and confidential, and to get compassionate, considerate care. You have the right:

- To get all of your health care in a safe, clean environment and in an accessible manner.
- To be free from harm. This includes excessive medication, physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms.
- To be encouraged and helped to use your rights at HopeWest PACE.
- To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to HopeWest PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the HopeWest PACE Center.
- To not have to do work or services for HopeWest PACE.

You have a right to protection against discrimination.

Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. They cannot discriminate against you because of your race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation, source of payment for your health care (for example, Medicare or Medicaid).

If you think you have been discriminated against for any of these reasons, contact a staff member at the PACE program to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have a right to information and assistance.

You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions. You have the right:

- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have HopeWest PACE interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To receive marketing materials and your PACE participant rights in English and in Spanish. You can also get these materials in Braille, if necessary.
- To have the enrollment agreement fully explained to you in a manner understood by you.
- To get a written copy of your rights from HopeWest PACE. These rights must be posted in a public place in the HopeWest PACE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by HopeWest PACE. This includes telling you which services are provided by contractors instead of the HopeWest PACE staff. You must be given this information before you join, at the time you join, and when you need to make a choice about what services to receive.

- To look at, or get help to look at, the results of the most recent review of HopeWest PACE. Federal and State agencies review all PACE programs. You also have a right to review how HopeWest PACE plans to correct any problems that are found at inspection.

You have a right to a choice of providers.

You have the right to choose a health care provider, including your primary care provider and specialists, from within HopeWest PACE's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have a right to access emergency services.

You have the right to get emergency services when and where you need them without HopeWest PACE's authorization. A medical emergency is when you think your health is in serious danger—when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States.

You have a right to participate in treatment decisions.

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right:

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- To have HopeWest PACE help you create an advance directive, if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.

- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.
- To have reasonable and timely access to specialists as indicated by your health condition and consistent with current clinical practice guidelines.
- To receive necessary care in all care settings, up to and including placement in a long-term care facility when the PACE organization can no longer provide the services necessary to maintain your safety in the community.

You have a right to have your health information kept private.

- You have the right to talk with health care providers in private and to have your personal health care information kept private and confidential as protected under State and Federal laws. This includes information collected and kept electronically.
- You have the right to look at and receive copies of your medical records and request amendments.
- You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
- You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have a right to file a complaint.

You have a right to complain about the services you receive, the quality of your care or any other concerns or problems you have with HopeWest PACE. You have the right to a fair and timely process for resolving concerns with HopeWest PACE. You have the right to:

- A full explanation of the complaint process.
- Be encouraged and helped to freely explain your complaints to HopeWest

PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened, or discriminated against.

- Appeal any treatment decision by HopeWest PACE, staff, or contractors.
- To contact 1-800-MEDICARE for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.

You have a right to leave the program.

If, for any reason, you do not feel that HopeWest PACE is what you want, you have the right to leave the program at any time. Your disenrollment will be effective the first day of the month following the date the HopeWest PACE receives your notice of voluntary disenrollment.

Additional Help: If you have complaints about your PACE program, think your rights have been violated, or want to talk with someone outside your PACE program about your concerns, call 1-800-MEDICARE or 1-800-633-4227 to get the name and phone number of someone in your State Administering Agency.

