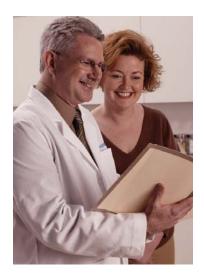


Member rights and responsibilities



You are our partner in your health care. Your participation in decisions about your health care and your willingness to communicate with your doctor and other health professionals help us to provide you appropriate and effective health care. We want to make sure you receive the information you need to participate in your health care. We also want to make sure your rights to privacy and to considerate care are honored.

As an adult member, you can exercise these rights yourself. If you are a minor, or if you become incapable of making decisions about your health care, these rights will be exercised by the person having legal responsibility for participating in decisions concerning your medical care.

You have the right to...

participate with practitioners in making decisions about your health care. This includes the right to receive information you need in order to accept or refuse a treatment that is recommended. Emergencies or other circumstances occasionally may limit your participation in a treatment decision. In general, however, you will not receive any medical treatment before you or your legal representative give consent. You have the right to be informed about and refuse to participate in experimental care proposed by your physicians.

a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

information and assurance of compliance regarding advance directives as described by the provisions of the Patient Self-Determination Act of 1990. You have the right to choose a person to make medical decisions for you, if you are unable to do so, and to express your choices about your future care. These choices may be expressed in such documents as an Advanced Directive, which includes a durable power of attorney for health care or a living will. You should inform your family and your doctor of your wishes, and give them any documents that describe your wishes concerning future care.

receive the medical information and education you need to participate in your health care to ensure a safe course of treat**ment.** This information includes the diagnosis of a health complaint, the recommended treatment, alternative treatments, and the risk and benefits of the recommended treatment. We will try to make this information as understandable as possible. You also have the right to review and receive copies of your medical records within the established time frame and with associated reproduction costs, unless the law restricts our ability to make them available. You have the right to the consideration of ethical issues that may arise in connection with your health care.

for information to be provided to you and your family about the outcomes of care, including unanticipated outcomes.

receive information about the managed care organization, its services, its practitioners and providers, and members' rights and responsibilities. receive considerate, respectful care. We respect your personal preferences and values.

have impartial access to treatment. You have the right to medically indicated treatment that is a covered benefit which is provided, prescribed or directed by a Medical Group physician, regardless of your race, religion, sex, sexual orientation, national origin, cultural background, physical or mental challenge or financial status.

be assured of privacy and confidentiality. You have the right to be treated with respect and recognition of your dignity and need for privacy. Member information will be handled in a manner to preserve and protect its confidentiality. This includes, but is not limited to, the maintenance of medical records in a secure environment and education of staff regarding confidentiality. Kaiser Permanente will not release your medical information without your authorization, except as required or permitted by law to administer benefits, comply with government requirements or participate in bona fide research or education.

have a safe, secure, clean and accessible environment.

participate in physician selection. You have the right to select and change physicians within the Kaiser Permanente Health Plan. You have the right to a second opinion by a Kaiser Permanente physician. You have the right to consult with a non-Kaiser Permanente physician at your expense.

voice complaints or appeals about the organization or **the care it provides.** You have the right to know about resources, such as Member Services and complaint and appeals processes to help answer your questions and solve problems. You have the right to make complaints without concerns that your care will be affected. Your membership benefits booklet, the Multi-Choice POS Evidence of Coverage, describes procedures to make complaints and appeals.

make recommendations regarding the organization's members' rights and responsibilities policies. We welcome your suggestions and questions about Kaiser Permanente, its services, the health professionals providing care and member's rights and responsibilities.

You are responsible for...

knowing the extent and limitations of your health care benefits. An explanation of these is contained in your Multi-Choice POS Evidence of Coverage.

identifying yourself. You are responsible for your membership card, for using the card only as appropriate, and for ensuring that other people do not use your card.

keeping appointments. You are responsible for promptly canceling any appointments that you do not need or cannot keep.

providing accurate and complete information. You are responsible for providing accurate information about your present and past medical condition, as you understand it. You should report any unexpected changes in your condition to your health professional.

understanding your health problems and participating in developing mutually agreed upon treatment goals to the degree possible.

following the treatment plan agreed upon by you and your health professional. You should inform your health professional if you do not clearly understand your treatment plan and what is expected of you. If you believe that you cannot follow through with your treatment, you are responsible for telling your health professional.

recognizing the effect of your lifestyle on your health.

Your health depends not just on care provided by Kaiser Permanente, but also on the decisions you make in your daily life, such as smoking or ignoring care recommendations.

fulfilling financial obligations. You are responsible for paying on time any money you owe Kaiser Permanente.

being considerate of others.

You should be considerate of health professionals and other patients. You should also respect the property of other patients and of Kaiser Permanente.