

## 6. Member Rights and Responsibilities

KP recognizes that Members have both rights and responsibilities in the management of their health care.

Providers may direct Members to the Member Resource Guide at:

**[kp.org/resourceguide](https://kp.org/resourceguide)**

Members have certain rights to which they are entitled when they interact with representatives of KP: Providers, and the employees of those Providers, as well as KP employees and physicians.

Members are also expected to be responsible for knowing about their health care needs and coverage. They are also responsible for maintaining appropriate attitudes and behavior when receiving health care as a Member.

This section addresses our Members' rights and responsibilities as well as their opportunities to address any situation where they may believe that they have not received appropriate services, care, or treatment.

### 6.1 Member Rights and Responsibilities Statement

KP has developed a statement of Member rights which includes a Member's right to participate in the Member's own medical care decisions. These decisions range from selecting a PCP to making informed decisions regarding recommended treatment plans. Providers and their staff are expected to accept and honor these Member Rights and Responsibilities.

The Member Rights and Responsibilities Statement also includes a Member's responsibility to understand the extent and limitations of their health care benefits, to follow established procedures for accessing care, to recognize the impact lifestyle has on physical condition, to provide accurate information to caregivers, and to follow agreed upon treatment plans.

Upon enrollment and annually thereafter, KP provides notification to each subscriber that a Member Rights and Responsibilities Statement is available which includes the following statements directed to Members:

Active communication between you and your physician as well as others on your health care team helps us to provide you with the most appropriate and effective care. We want to make sure you receive the information you need about your Health Plan, the people who provide your care, and the services available, including important preventive care guidelines. Having this information contributes to your being an active participant in your own medical care.

We also honor your right to privacy and believe in your right to considerate and respectful care.

This section details your rights and responsibilities as a Kaiser Permanente member and gives you information about member services, specialty referrals, privacy and confidentiality, and the dispute resolution process.

As an adult member, you exercise these rights yourself. If you are a minor or are unable to make decisions about your medical care, these rights will be exercised by the person with the legal responsibility to participate in making these decisions for you.

### **YOU HAVE THE RIGHT TO:**

#### **Receive information about Kaiser Permanente, our services, our practitioners and providers, and your rights and responsibilities.**

We want you to participate in decisions about your medical care. You have the right and should expect to receive as much information as you need to help you make decisions. This includes information about:

- Kaiser Permanente
- The services we provide, including behavioral health services
- The names and professional status of the individuals who provide you with service or treatment
- The diagnosis of a medical condition, its recommended treatment, and alternative treatments
- The risks and benefits of recommended treatments
- Preventive care guidelines
- Ethical issues
- Complaint and grievance procedures

We will make this information as clear and understandable as possible. When needed, we will provide interpreter services at no cost to you.

**Participate in a candid discussion of appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.** You have the right to a candid discussion with your Plan Physician about appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage. Ask questions, even if you think they're not important. You should be satisfied with the answers to your questions and concerns before consenting to any treatment. You may refuse any recommended treatment if you don't agree with it or if it conflicts with your beliefs.

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Medical emergencies or other circumstances may limit your participation in a treatment decision. However, in general, you will not receive any medical treatment before you or your representative gives consent. You and, when appropriate, your family will be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

**Participate with practitioners and providers in making decisions about your health care.** You have the right to choose an adult representative, known as your agent, to make medical decisions for you if you are unable to do so and to express your wishes about your future care. Instructions may be expressed in advance directive documents such as an advance health care directive. See <http://www.kp.org/advancedirectives> for more information about advance directives.

For more information about these services and resources, contact Customer Service at **800-663-1771** on the back of your ID Card.

**Have ethical issues considered.** You have the right to have ethical issues that may arise in connection with your health care considered by your health care team. Kaiser Permanente has a Bioethics/Ethics Committee at each of our medical centers to assist you in making important medical or ethical decisions.

**Receive personal medical records.** You have the right to review and receive copies of your medical records, subject to legal restrictions and any appropriate copying or retrieval charge(s). You can also designate someone to obtain your records on your behalf. Kaiser Permanente will not release your medical information without your written consent, except as required or permitted by law.

To review, receive, or release copies of your medical records, you'll need to complete and submit an appropriate written authorization or inspection request to our Medical Records Office at the facility where you get your care. They can provide you with these forms and tell you how to request your records. Visit <http://www.kp.org> to find addresses and phone numbers for these departments.

**Receive care with respect and recognition of your dignity.** We respect your cultural, psychosocial, spiritual, and personal values; your beliefs; and your personal preferences.

Kaiser Permanente is committed to providing high-quality care for you and to building healthy, thriving communities. To help us get to know you and provide culturally competent care, we collect race, ethnicity, language preferences (spoken and written) and religion data. This information can help us develop ways to

improve care for our members and communities. This information is kept private and confidential and not used in underwriting, rate setting, or benefit determination. We believe that providing quality health care includes a full and open discussion regarding all aspects of medical care and want you to be satisfied with the health care you receive from Kaiser Permanente.

**Use interpreter services.** When you call or come in for an appointment or call for advice, we want to speak with you in the language you are most comfortable using. For more about our interpreter services, please refer to <http://info.kaiserpermanente.org/html/gethelp/california.html> or call Customer Service at **800-663-1771** on the back of your ID Card.

**Be assured of privacy and confidentiality.** All Kaiser Permanente employees and physicians, as well as practitioners and providers with whom Kaiser Permanente contracts, are required to keep your protected health information (PHI) confidential. PHI is information that includes your name, Social Security number, or other information that reveals who you are, such as race, ethnicity, and language data. For example, your medical record is PHI because it includes your name and other identifiers.

Kaiser Permanente has strict policies and procedures regarding the collection, use, and disclosure of member PHI that includes the following:

- Kaiser Permanente’s routine uses and disclosures of PHI
- Use of authorizations
- Access to PHI
- Internal protection of oral, written, and electronic PHI across the organization
- Protection of information disclosed to Plan sponsors or employers

Please review the section titled “Privacy Practices” at <https://healthy.kaiserpermanente.org/privacy-practices>

For more information about your rights regarding PHI as well as our privacy practices, please refer to our Notice of Privacy Practices on our website <http://www.kp.org>, or call Customer Service at **800-663-1771** on the back of your ID Card.

**Participate in physician selection without interference.** You have the right to select and change your personal physician within the Kaiser Permanente Medical Care Program without interference, subject to physician availability. To learn more about nurse practitioners, physician assistants, and selecting a primary care practitioner, please visit <http://www.kp.org> “**Doctors and Locations**”.

**Receive a second opinion from an appropriately qualified medical practitioner.** If you want a second opinion, you can either ask your Plan physician

to help you arrange for one. Please refer to your Summary Plan Description (SPD) for In-Network and Out of Network benefits.

**Receive and use member satisfaction resources, including the right to voice complaints or make appeals about Kaiser Permanente or the care we provide.** You have the right to resources such as patient assistance and member services, and the dispute-resolution process. These services are provided to help answer your questions and resolve problems.

A description of your dispute-resolution process is contained in your Summary Plan Description (SPD). If you need a replacement, contact Customer Service at **800-663-1771** on the back of your ID Card or through <http://www.kp.org>. If you receive your Kaiser Permanente coverage through an employer, you can also contact your employer for a current copy. When necessary, we will provide you with interpreter services, including Sign Language, at no cost to you.

For more information about our services and resources, please contact our Member Service Contact Center at **1-800-464-4000** (English), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **TTY: 711**.

**Make recommendations regarding Kaiser Permanente's member rights and responsibilities policies.** If you have any comments about these policies, please contact Customer Service at **800-663-1771** on the back of your ID Card.

#### **YOU ARE RESPONSIBLE FOR THE FOLLOWING:**

**Being civil and respectful.** Kaiser Permanente, is committed to ensuring a safe, secure, and respectful environment for everyone, including our members, patients, visitors, clinicians, providers, health care teams, and employees. We expect all individuals to demonstrate civil and respectful behavior while on our premises or in virtual or home health care interactions.

As part of our new Member/Patient/Visitor Code of Conduct, we expressly prohibit the following:

- Abusive language including threats and slurs
- Sexual harassment
- Physical assault
- Possession or use of weapons, including firearms

We reserve the right to take appropriate measures to address abusive, disruptive, inappropriate, or aggressive behavior.

**Knowing the extent and limitations of your health care benefits.** A detailed explanation of your benefits is contained in your Summary Plan Description (SPD). If you need a replacement, contact Customer Service at **800-663-1771** on the back

of your ID Card or through <http://www.kp.org>. If you receive your Kaiser Permanente coverage through your employer, you can also contact your employer for a current copy of your Summary Plan Description (SPD).

**Notifying us if you are hospitalized in a non–Kaiser Permanente Hospital.** If you are hospitalized in any hospital that is not a Plan Hospital, you are responsible for notifying us as soon as reasonably possible so we can monitor your care. You can contact us by calling the number on your Kaiser Permanente ID card.

**Identifying yourself.** You are responsible for carrying your KP identification (ID) card and photo identification with you at all times to use when appropriate, and for ensuring that no one else uses your ID card. If you let someone else use your card, we may keep your card and terminate your membership.

Your Kaiser Permanente ID card is for identification only and does not give you rights to services or other benefits unless you are an eligible member of our Health Plan. Anyone who is not a member will be billed for any services we provide.

**Keeping appointments.** You are responsible for promptly canceling any appointment that you do not need or are unable to keep.

**Supplying information (to the extent possible) that Kaiser Permanente and our practitioners and providers need in order to provide you with care.** You are responsible for providing the most accurate information about your medical condition and history, as you understand it. Report any unexpected changes in your health to your physician or medical practitioner.

**Understanding your health problems and participating in developing mutually agreed treatment goals to the highest degree possible.** You are responsible for telling your physician or medical practitioner if you don't clearly understand your treatment plan or what is expected of you. You are also responsible for telling your physician or medical practitioner if you believe you cannot follow through with your treatment plan.

**Following the plans and instructions for care you have agreed on with your practitioners.** You are responsible for following the plans and instructions that you have agreed to with your physician or medical practitioner.

**Recognizing the effect of your lifestyle on your health.** Your health depends not only on care provided by Kaiser Permanente but also on the decisions you make in your daily life—poor choices such as smoking or choosing to ignore medical advice or positive choices such as exercising and eating healthy foods.

**Being considerate of others.** You are responsible for treating physicians, health care professionals, and your fellow Kaiser Permanente members with courtesy and consideration. You are also responsible for showing respect for the property of others and of Kaiser Permanente.

**Fulfilling financial obligations.** You are responsible for paying on time any money owed to Kaiser Permanente or other providers.

**Knowing about and using the member satisfaction resources available to you, including the dispute-resolution process.**

For more about the appeal/dispute resolution process, refer to your Summary Plan Description (SPD) provided by the Plan Sponsor, or by calling Customer Service at 800-663-1771, which can provide information about the time frames for submitting appeals and for responses. Time frames may vary, depending on whether the adverse benefits determination relates to urgent care, or a pre-service or post-service claim.

## **6.2 Non-Compliance with Member Rights and Responsibilities**

Failure to act in a way that is consistent with the Member Rights and Responsibilities Statement can result in action against the Member, the Provider, or KP, as appropriate.

### **6.2.1 Providers**

If a Member fails to meet an obligation as outlined in the Member Rights and Responsibilities Statement and you have attempted to resolve the issue, please contact the KP Threat Management office of the Member's primary KP service facility. If you are uncertain of the Member's primary KP service facility, please contact the Member Services Contact Center (MSCC) and have the Member's KP Medical Record Number available.

You should advise a KP Threat Management office if a Member performs any of the following acts. Please see Section 2.5 for General Information phone numbers of local KP facilities.

- Displays disruptive behavior or is not able to develop a positive provider/patient relationship
- Unreasonably and persistently refuses to follow your instructions/ recommendations to the extent that you believe it is jeopardizing the patient's health
- Commits a belligerent act or threatens bodily harm to physicians, physician staff, hospital personnel, and/or home health/hospice/SNF staff
- Purposely conceals or misrepresents medical history or treatment
- Uses documents with your signature without proper authorization or forges/falsifies your name to documents, including prescriptions
- Allows someone to misrepresent the Member as a KFHP Member

KP reserves the right at its discretion to:

- Conduct informal mediation to resolve a relationship issue
- Move the Member to another provider

- Pursue termination of the individual's membership or take other appropriate action, as allowed under that Member's specific EOC and applicable law