

Member Rights and Responsibilities

A Member has the right to:

1. Exercise these rights without regard to race, disability, sex, religion, age, color, sexual orientation, creed, family history, marital status, veteran status, national origin, handicap, or condition, without regard to your cultural, economic, or educational background, or source(s) of payment for your care;
2. Be treated with respect and recognition regarding your dignity and your right to privacy;
3. Expect health care providers (doctors, medical professionals, and their staff) to be sensitive to your needs;
4. Be provided with information about VHP, its services, Plan Providers and member rights and responsibilities;
5. Know the name of the Primary Care Physician who has primary responsibility for coordinating your health care and the names and professional relationships of other Plan Providers you see;
6. Actively participate in your own health care, which, to the extent permitted by law, includes the right to receive information so that you can accept or refuse recommended treatment;
7. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment or procedure. Except for Emergency Services this information will include a description of the procedure or treatment, the medically significant risks involved, alternative courses of action and the risks involved in each the name of the Plan Provider who will carry out the treatment or procedure;
8. Full consideration of privacy concerning your course of treatment. Case discussions, consultations, examinations, and treatments are confidential and should be conducted discreetly. You have the right to know the reason should any person be present or involved during these procedures or treatments;
9. Confidential treatment of information in compliance with state and federal law including HIPAA (including all communications and medical records) pertaining to your care. Except as is necessary in connection with administering the Agreement and fulfilling State and federal requirements (including review programs to achieve quality and cost-effective medical care), such information will not be disclosed without first obtaining written permission from you or your authorized representative;
10. Receive complete information about your medical condition, any proposed course of treatment, and your prospects for recovery in terms that you can understand;
11. Give informed consent unless medically inadvisable, before the start of any procedure or treatment;
12. Refuse health care services to the extent permitted by law and to be informed of the medical consequences of that refusal, unless medically inadvisable;
13. Readily accessible and ready referral to Medically Necessary Covered Services;
14. A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage;
15. A second medical opinion, when medically appropriate, from a Plan Physician within the VHP Network;
16. Be able to schedule appointments in a timely manner;

17. Reasonable continuity of care and advance knowledge of the time and location of your appointment(s);
18. Reasonable responses to any reasonable requests for Covered Services;
19. Have all lab reports, X-rays, specialist's reports, and other medical records completed and placed in your files as promptly as possible so that your Primary Care Physician can make informed decisions about your treatment;
20. Change your Primary Care Physician;
21. Request and expedited change of a provider due to medical necessity;
22. Review your medical records, unless medically inadvisable;
23. Be informed of any charges (Co-payments) associated with Covered Services;
24. Be advised if a Plan Provider proposes to engage in or perform care or treatment involving experimental medical procedures, and the right to refuse to participate in such procedures;
25. Leave a Plan Facility or Hospital, even against the advice of Plan Providers;
26. Be informed of continuing health care requirements following your discharge from Plan Facilities or Hospitals;
27. Be informed of, and if necessary, given assistance in making a medical Advance Directive;
28. Have rights extended to any person who legally may make decisions regarding medical care on your behalf;
29. Know when Plan Providers are no longer under a contractual arrangement with VHP;
30. Examine and receive an explanation of any bill(s) for non-Covered Services, regardless of the source(s) of payment;
31. Voice complaints or appeals about VHP or the care it provides;
32. File a Grievance without discrimination through VHP or appropriate State or federal agencies;
33. Know the rules and policies that apply to your conduct as a Member;
34. Make recommendations regarding Valley Health Plan's member rights and responsibilities policy; and
35. Participate with practitioners in making decisions about your health.

A Member has the responsibility to:

1. Provide complete & accurate information (to extent possible) that VHP and its practitioners/providers need in order to provide care. Inform practitioner/provider about any health issues, medications, and allergies. This information should also include living will, medical power of attorney, or other directive that could affect care;
2. Follow plans and instructions for care that you have agreed to with your practitioner;
3. Behave in a manner that doesn't interfere with your Plan Provider or their ability to provide care;
4. Safeguard the confidentiality of your own personal health care as well as that of other Members;
5. Accept fiscal responsibility associated with non-Covered Services. Covered Services are available only through Plan Providers in your VHP Network (unless such care is rendered as Emergency Services or is authorized);
6. Cooperate with VHP or a Plan Provider's third party recovery efforts or Coordination of Benefits;

7. Participate in your health care by scheduling and keeping appointments with Plan Providers. If you cannot keep your appointment, call in advance to cancel and reschedule;
8. Report any changes in your name, address, telephone number, or your family's status to your employer, Covered California, and a VHP Member Services Representative; and
9. Understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.