



Member Rights and Responsibilities

As a member of Hamaspik CHOICE, you have the right to:

- Receive medically necessary care;
- Timely access to care and services;
- Privacy about your medical record and when you get treatment;
- Get information on available treatment options and alternatives presented in a manner and language you understand;
- Get information in a language you understand - you can receive verbal translation services free of charge;
- Get information necessary to give informed consent before the start of treatment;
- Be treated with respect and due consideration for your dignity;
- Obtain a copy of your medical records and ask that the records be amended or corrected;
- Take part in decisions about your health care, including the right to refuse treatment;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- Receive care without regard to sex, (including gender identity and status of being transgender), race, health status, color, age, national origin, sexual orientation, marital status or religion;
- Be told where, when and how to get the services you need from us, including how you can get covered benefits from out-of-network providers if they are not available in our network;
- Complain to the New York State Department of Health or your Local Department of Social Services and the right to use the New York State Fair Hearing System and/or New York State External Appeal, where appropriate;
- Appoint someone to speak for you on your behalf about your care and treatment;
- Seek assistance from the Participant Ombudsman program.
- Make Advance Directives and plans regarding your care.

Your exercise of these rights will not adversely affect the way you will be treated.

As a member of Hamaspik CHOICE, you have the responsibility to:

- Receive covered services through Hamaspik CHOICE;
- Use the Hamaspik CHOICE network providers for covered services;
- Obtain prior authorization for covered services, except for pre-approved services. Refer to specific service in the Service Benefit Package section of this handbook to find out if a specific service requires prior approval;
- Be seen by your physician if a change in your health status occurs;
- Share complete and accurate health information with your health care providers;
- Inform Hamaspik CHOICE staff of any change in your health, and make it known if you do not understand or are unable to follow instructions;
- Follow your PCSP recommended by Hamaspik CHOICE staff;
- Cooperate with and be respectful to Hamaspik CHOICE staff and not discriminate against Hamaspik CHOICE's staff on the basis of race, color, national origin, mental or physical ability (other than mandated physical eligibility for the program), religion, age, sex, sexual orientation or marital status;
- Notify Hamaspik CHOICE within 2 business days before receiving either non-covered services or pre-approved covered services. We prefer that you notify us before receipt of services, but no later than 2 days after receipt.
- Notify Hamaspik CHOICE in advance whenever you will not be home to receive service or care that has been arranged for you;
- Inform Hamaspik CHOICE before permanently moving out of the service area or of any absence from the service area;
- Take responsibility for your actions if you refuse treatment or do not follow Hamaspik CHOICE instructions; and
- Pay your financial obligations, if any.