

Patient Rights and Responsibilities

As a patient of Sequoia Health, you have the right to:

1. Receive care without regard to race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical conditions, sexual orientation, claims experience, medical history, evidence of insurability, genetic information, or source of payment.
2. Be treated in a manner respectful to your personal privacy and dignity.
3. Receive assistance in a prompt, courteous and responsible manner.
4. Receive a list of participating providers.
5. Select a primary care physician (PCP) or change your PCP, if necessary.
6. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians who will see you.
7. Be informed by your treating provider of your diagnosis, prognosis and treatment options in terms you understand, and regardless of cost or benefit coverage.
8. Participate in decisions regarding your medical care, be advised by your treating provider of the possible consequences of your decisions, and refuse treatment.
9. Have no restrictions placed on any provider that precludes discussing appropriate treatment options with you. Utilization Management (UM) decisions are based on the appropriateness of care and service required for each patient's individual needs. We neither compensate nor give incentives to physicians, UM staff or clinic personnel for the denial of service or care. Requests for coverage of services are reviewed to determine that the service is a covered benefit under the terms of your health plan and that the service delivered is consistent with established guidelines. In the event a request for coverage is denied, the member, or a provider acting on behalf of the member, may

- appeal this decision through the grievance process and, depending on the specific circumstances, to an external utilization review organization, which uses independent physician reviewers, a governmental agency or the plan sponsor.
10. Be advised if a physician proposes to engage in or perform human experimentation affecting your care or treatment and you have the right to refuse to participate in such research projects.
 11. Be referred, according to your needs, to a provider suitable to care for your condition.
 12. Be assured of confidential handling of all communication and medical information as provided by law and professional medical ethics.
 13. Express concerns about quality of care issues. You also have the right to receive a response in a timely manner and initiate the grievance procedure through your health plan if you are not satisfied with our resolution of your complaint.
 14. Receive information about the clinic, its services, practitioners and providers, and patient rights and responsibilities.
 15. Make recommendations regarding these patient rights.

As a patient of Sequoia Health, you have the responsibilities to:

16. Supply accurate and complete information (to the extent possible) regarding current medical complaints, past medical history and other matters relating to your health that the organization and our practitioners need in order to provide care.
17. Understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
18. Follow all reasonable and proper advice and instructions regarding care, activities and treatment given by your physician or other care provider.
19. Discuss with your physician any area of the treatment plan you are unable to follow and to reach an agreement on how to handle the situation.

20. Be accountable for your actions should you refuse treatment or not follow the physician's instructions.
21. Inform the physician or staff if any information given to you is unclear or if further explanation is needed.
22. Be on time for your appointments and notify the office as far in advance as possible if you must cancel or reschedule.
23. Be considerate of the rights of other patients and of the office staff.
24. Review and understand the information regarding your benefits, covered services, exclusions, limitations, deductible, co-payments, and any rules you need to follow as stated in our Evidence of Coverage as provided by your health plan.
25. Inform the office any time there is a change in your personal information such as address, phone number, insurance coverage, etc.
26. Meet the financial obligations for any payment, co-payment or co-insurance associated with services received while under the care of any in-house physician/service, or any contracted physician/service as designated in your health plan contract.