

## **MEMBER RIGHTS AND RESPONSIBILITIES**

Community Health Network of CT (CHNCT) is committed to treating members in a way that respects their rights, as well as its expectations of each member's responsibilities. By working together, we can help you and your family meet your health care needs. As health care partners, here are the rights and rules we both agree to:

### **Your Rights**

- You have the right to receive information about CHNCT, its services, practitioners, providers, and members' rights and responsibilities.
- You have the right to be treated with respect and recognition of your dignity and right to privacy.
- You have the right to be able to choose primary care providers, within the limits of the plan network, including the right to refuse care from specific providers.
- You have the right to participate with your providers in decision-making regarding your health care.
- You have the right to refuse treatment and also to participate in treatment decisions.
- You have the right to respectful, personal attention regardless of your race, origin, and religion, physical or mental handicap.
- You have the right to an open discussion of appropriate or medically necessary treatment options and alternatives or your conditions, regardless of cost or benefit.
- You have the right to voice complaints or express grievances regarding any violation of your rights, about CHNCT or the care provided by its providers.
- You have the right to make Advance Directives.
- Your Personal Health Information must be kept confidential (private) by CHNCT employees and agencies it contracts with. As a member of CHNCT, you have the right to confidentiality of all records and communications to the extent required by law.
- You have the right to contact your provider in order to advocate on your behalf for medical services.
- You have the right to get a copy of your medical records. In certain situations under the HIPAA privacy rule, you may also have the right to request that the records be corrected.
- You have the right to be free from any form of retaliation from CHNCT or freedom to exercise the rights explained above without any negative affect on your treatment from CHNCT, subcontractors or network providers.
- You have the right to be free from any form of restraint or seclusion used as means of coercion, discipline, convenience, or retaliation.
- If you are a newly enrolled member living in a rural area, and you have an established relationship with a PCP who is not in our network, you may continue to receive services from the PCP for 60 days if you are in active treatment.
- You have the right to obtain a second opinion from an appropriately qualified health care professional.
- You have the right to post stabilization services, or those services that may be needed as a follow up after receiving emergency care

### **Your Responsibilities**

**You also have some responsibilities that are important to allow CHNCT to provide you with the best possible care.** You have the responsibility to:

- Provide information that CHNCT and your health care providers need in order to care for you.
- To follow the plans and instructions for care that has been agreed on with your providers.
- Choose a Primary Care Provider (PCP) .
- Carry your CHNCT membership and State Issued CONNECT cards with you at all times.

- Let CHNCT and your DSS case worker know about changes to your name, home address, telephone number, marital status, number of dependents or if you have other insurance coverage.
- Call your PCP before receiving care unless you have an emergency or need family planning.
- Call your PCP's office in advance if you cannot keep your appointments. If you do miss an appointment, call your doctor's office to set up another visit.
- Call us at 1-800-859-9889 if you have questions or if there are ways we can serve you better.

## **YOUR RIGHT TO MAKE A DECISION ABOUT YOUR HEALTH CARE**

### **ADVANCE DIRECTIVE**

You have a right to make decisions about your healthcare. You have a right to talk with your doctor and tell him what types of services you would like to have and not have. An Advance Directive is a legal document that tells your doctor and family what treatments you would like to have and not have if you are not able to tell them yourself.

If you would like to have an Advance Directive, talk with your doctor, call a lawyer or the Attorney General's office.

#### **For additional information about Advance Directives you can contact:**

Office of the Attorney General  
55 Elm Street  
Hartford, CT 06106  
1-860-808-5318

<http://www.ct.gov/ag/cwp/browse.asp?a=2130&bc=0&c=19278>

If you have any complaints about your health care providers regarding your care call the Department of Public Health.

#### **To file a complaint against a practitioner:**

[Practitioner Licensing and Investigations Section](#)

Connecticut Department of Public Health  
410 Capitol Ave., MS# 12 INV  
Hartford, CT 06134-0308  
Phone: (860) 509-7552  
Fax: (860) 509-7535  
email: [oplcdph@ct.gov](mailto:oplcdph@ct.gov)

#### **To file a complaint against a facility:**

Facility Licensing and Investigations Section  
Connecticut Department of Public Health  
410 Capitol Ave., MS# 12 HSR  
Hartford, CT 06134-0308  
Phone: (860) 509-7400  
Fax: (860) 509-7538

Call us at 1-800-859-9889 if you have questions or if there are ways we can help you.