

# *Your Rights & Responsibilities*

with Community Health Network of Washington

**Including:**

- **Advance directives:** How to use a health care directive (also known as a living will) and a durable power of attorney for health care.
- **Your rights and responsibilities** as a Community Health Network of Washington member.



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# *Contact Information*

for Community Health Network of Washington

**Community Health Network of Washington Contacts**

## **CUSTOMER SERVICE**

### **Cascade Select customer service**

- Hours: 8:00 am - 5:00 pm Pacific Mon - Fri
- Email [CustomerCare@chpw.org](mailto:CustomerCare@chpw.org).
- Current members please call toll-free 1-866-907-1906. (TTY Relay: Dial 711).
- Prospective members call toll-free 1-833-933-0181. (TTY Relay: Dial 711). •

## **WEB**

- <http://www.CascadeSelect.org>

## **MAILING ADDRESS**

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# Contents

<b>Advance Directives and Physician Orders for Life Sustaining Treatment (POLST)</b> .....	4
<b>Advance Directives/POLST Policy and Procedure</b> .....	4
<b>Members Rights and Responsibilities</b> .....	5
Note: Your provider’s office offers additional rights and responsibilities, which are posted in your health center or clinic. ....	5
<b>Member Rights</b> .....	5
<b>Your right to participate with practitioners in making decisions about your or your child's health care.</b> .....	6
<b>Your right to a candid discussion of appropriate or medically necessary treatment options for your or your child's conditions, regardless of cost or benefit coverage.</b> .....	6
<b>Your right to voice complaints or appeals about the organization or the care it provides.</b> .....	6
<b>Your right to make recommendations regarding the organization's member rights and responsibilities policy.</b> .....	7
<b>Your right to safe and timely health care.</b> .....	7
<b>Your right to choose your providers and your health plan.</b> .....	7
<b>Member Responsibilities</b> .....	7
<b>Your responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.</b> .....	7
<b>Your responsibility to understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.</b> .....	7
<b>Your responsibility to follow plans and instructions for care that you have agreed to with your practitioners.</b> .....	8
<b>Your responsibility to treat your providers and staff with respect.</b> .....	8
<b>Your responsibility to work with Community Health Network of Washington.</b> .....	8

## Advance Directives and Physician Orders for Life Sustaining Treatment (POLST)

An **advance directive** gives written instructions about your future medical care in case something happens to you and you are unable to tell someone your medical wishes. For the state of Washington, this written instruction takes the form of two documents: a Health Care Directive (also known as a Living Will) and a Durable Power of Attorney for Health Care.

A Physician Order for Life Sustaining Treatment is a physician's order that outlines a plan for end of life care reflecting both a patient's preferences concerning care at life's end and a physician's judgment based on a medical evaluation.

You have certain rights about advance directives and POLSTs:

- The right to make your own decisions about your medical care.
- The right to accept or refuse surgical or medical treatment.
- The right to have an advance directive or POLST.
- The right to cancel an advance directive or POLST at any time.

### Advance Directives/POLST Policy and Procedure

Anyone who asks for a copy of the Community Health Network of Washington advance directives/POLST policy and procedures will be given a copy. You do not have to be a member to see the policy and procedure.

Community Health Network of Washington puts its policy and procedure about advance directives online at [www.chpw.org/integrity-program](http://www.chpw.org/integrity-program). You can also ask for the advance directives policy and procedure by calling the Community Health Network of Washington customer service team.

### **If You Have Complaints About Advance Directives/POLST**

If you think that Community Health Network of Washington or its providers, contractors, vendors, or business associates are not following the rules for advance directives/POLST, you may file a grievance. For information about filing a grievance or complaint, see the Grievance and Appeal Process for your program.

### **Additional Information**

More information, resources, and forms about your advance directive rights are on the Washington State Medical Association Advance Directives Q & A web page:

<https://wsma.org/advance-directives>

## Members Rights and Responsibilities

Note: Your provider's office offers additional rights and responsibilities, which are posted in your health center or clinic.

### Member Rights

#### **Your right to get information about the organization, its services, its practitioners and providers and member rights and responsibilities.**

- You have a right to ask for information in writing about your rights and responsibilities.
- You have a right to have information about your health care plan and its services explained to you in a way you will understand, and in a different language if necessary.
- You have a right to no-cost interpreters during scheduled health care visits and to have interpreters when you interact with CHNW. This includes members who are deaf, deaf/blind or hard of hearing.
- You have a right to know the name, title, and qualifications of the practitioners, providers, and staff who care for you.
- You have a right to get information in writing about what you must do to see a provider other than your PCP.
- You have a right to ask for information in writing about what you must do when you need our okay for health care services.
- You have a right to get information in writing about Community Health Network of Washington's structure and operations.
- You have a right to get information in writing about how we pay doctors and hospitals. You may also get an explanation of how referrals to specialists affect our payment to providers.
- You have a right to get information in writing about if we pay providers extra for certain care (physician incentive programs).
- You have a right to ask for information in writing about which medical service you use and showing how we paid for a service. This is known as an explanation of benefits (EOB).
- You have a right to request copies of your medical record and ask for changes when necessary.
- You have a right to know that the government has set standards for safe and effective pharmacy services.
- You have a right to know what drugs are covered by your insurance. For more information, ask for a copy of the *Community Health Network of Washington Drug Formulary* by calling the Community Health Network of Washington customer service team.
- You have a right to get information in writing about how we report how well we do with your care. We measure our performance using the Healthcare Effectiveness Data Information Set, or HEDIS. You may ask to see the HEDIS data and have someone explain what the information means.

If you want any of the information listed above, please call the Community Health Network of Washington customer service team.

- You have a right to be treated with respect and recognition of your dignity and right to privacy.
- You have a right to be given care and service that go along with your values and beliefs.
- You have a right to get services without being discriminated against.
- You have a right to have your or your child's medical record and information or conversations regarding your health care treated confidentially.
- You have a right to expect that Community Health Network of Washington and your providers will protect your privacy. (See the Community Health Network of Washington Notice of Privacy Practices.)
- You have a right to have your wishes for your future medical care made known to others if you are too sick to let them know. This includes the right to choose a person to make medical decisions for you if you are unable to do so. You can do this with a living will, a durable power of attorney for health care, or both.

#### **Your right to participate with practitioners in making decisions about your or your child's health care.**

- You have a right to provide your written okay to have the medical care.
- You have a right to be told how to make your wishes known about future care. That includes the right to choose a person to make medical decisions for you if you are unable to do so.
- You have a right to refuse treatment and be told what might happen with your health.
- You have a right to refuse to take part in experimental research.

#### **Your right to a candid discussion of appropriate or medically necessary treatment options for your or your child's conditions, regardless of cost or benefit coverage.**

- You have a right to get information about what health care services you or your child can get.
- You have a right to get information about other health care options available from Community Health Network of Washington.
- You have a right to get information about what you must do when you need an okay for health care services.
- You have a right to candidly discuss with your provider the right or medically necessary treatment options for your health condition, including the risks involved, regardless of cost or coverage.
- You have a right to get a second opinion from another Community Health Network of Washington provider.
- You have a right to be able to speak freely about your health care and concerns without any bad results.

#### **Your right to voice complaints or appeals about the organization or the care it provides.**

- You have a right to tell us your complaints or to appeal decisions about your health care or about Community Health Network of Washington without fear that you may not be able to get care in the future.
- You have a right to be told about our grievance process when telling us about your complaints. You also have the right to get an answer to your complaint in a timely manner.
- You have a right to get a copy of our grievance policy. This will tell you how to file an appeal if you disagree with one of our decisions or if you are dissatisfied with your health care. See the Grievances and Appeal Process for your program.
- You have a right to get a review of an appeal decision.

### **Your right to make recommendations regarding the organization's member rights and responsibilities policy.**

You have a right to recommend changes to Community Health Network of Washington policies and procedures, including the policy about your rights and responsibilities and our policy on advance directives. For information about how to recommend changes, please call the Community Health Network of Washington customer service team.

### **Your right to safe and timely health care.**

- You have a right to get care and service in a safe, comfortable, and clean environment.
- You have a right to get proper and timely health care, including emergency services, 24 hours a day, 7 days a week.

### **Your right to choose your providers and your health plan.**

- You have a right to get care from a Community Health Network of Washington provider.
- You have a right to choose your primary care clinic, ask for a PCP, or change providers as often as once a month, at any time during the month. (The change will be for the first day of the month after you call to change your doctor.)
- You have a right to seek care from a Community Health Network of Washington women's health care provider, without a PCP referral.
- You have a right to choose a behavioral Health Care provider.

## **Member Responsibilities**

**Your responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.**

- You have a responsibility to give complete and correct facts to your practitioners, providers, and Community Health Network of Washington about your health history, current health status, and changes in your symptoms.
- You have a responsibility to let us know if you have a living will or a durable power of attorney for health care.
- You have a responsibility to tell us about your suggestions for improvements, concerns, and complaints.

**Your responsibility to understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.**

- You have a responsibility to, as much as possible, understand your health and/or behavioral health problems and work with your providers to create treatment goals you agree on.
- You have a responsibility to make informed decisions about treatments and procedures before they are performed.
- You have a responsibility to accept the risks of refusing treatment.

**Your responsibility to follow plans and instructions for care that you have agreed to with your practitioners.**

- You have a responsibility to follow the treatment plans and instructions for care that you and your provider agree on.
- You have a responsibility to tell your provider if you do not understand your or your child's treatment plan or if you believe you cannot follow through with it.

**Your responsibility to treat your providers and staff with respect.**

- You have a responsibility to treat health care professionals, staff, other members, and the health care provider's property in a kind and respectful manner.
- You have a responsibility to make and keep appointments. Tell your PCP if you or your child are going to be late or if you need to cancel an appointment.
- You have a responsibility to identify yourself as a member of the Community Health Network of Washington when you seek care. Carry your identification card and your child's identification card with you.
- You have a responsibility to call Community Health Network of Washington if you do not understand how your health plan works or if you have questions about your coverage.

**Your responsibility to work with Community Health Network of Washington.**

- You have a responsibility to pay your copayments in full at the time of service.
- You have a responsibility to pay your deductible and coinsurance in full when they are due.
- You have a responsibility to tell Community Health Network of Washington about any outside sources of health care coverage or payment, such as insurance coverage for an accident.
- You have a responsibility to work with Community Health Network of Washington to help get any third-party payments for health care.
- You have a responsibility to use Community Health Network of Washington and your selected primary care provider (PCP) to coordinate services for your family's medical needs.
- You have a responsibility to choose a primary care provider (PCP) or behavioral health provider from Community Health Network of Washington before receiving services.
- You have a responsibility to get a referral from the PCP before you or your child goes to a specialist.
- You have a responsibility to get medical services from (or coordinated by) you or your child's PCP, except in an emergency or in the case of a referral.
- You have a responsibility to notify Community Health Network of Washington within 24 hours, or as soon as is reasonably possible, of any emergency services provided outside Community Health Network of Washington.