SUTTER HEALTH PLUS
MEMBER RIGHTS AND RESPONSIBILITIES

Sutter Health Plus’ (SHP’s) Member Rights and Responsibilities outline the member’s rights as well as the member’s responsibilities.

What Are My Rights?

Member rights may be exercised without regard to age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, health status or the source of payment or utilization of services. SHP’s member rights include but are not limited to the following:

- To be provided information about SHP organization and its services, providers and practitioners, managed care requirements, processes used to measure quality and improve member satisfaction, and your rights and responsibilities as a member
- To be treated with respect and recognition of your dignity and right to privacy
- To actively participate with providers in making decisions about your health care, to the extent permitted by law, including the right to refuse treatment or leave a hospital setting against the advice of the attending physician
- To expect candid discussion of appropriate, or medically necessary, treatment options regardless of cost or benefit coverage
- To voice a complaint or to appeal a decision to SHP about the organization or the care it provides, and to expect that a process is in place to assure timely resolution of the issue
- To make recommendations regarding SHP’s Member Rights and Responsibilities policies
- To know the name of the provider who has primary responsibility for coordinating your care and the names and professional relationships of others who may provide services, including the practitioner’s education, certification or accreditation, licensure status, number of years in practice and experience performing certain procedures
- To receive information about your illness, the course of treatment and prospects for recovery in terms that can be easily understood
- To receive information about proposed treatments or procedures to the extent necessary for you to make an informed consent to either receive or refuse a course of treatment or procedure. Except in emergencies, this information shall include: a description of the procedure or treatment, medically significant risks associated with it, alternate courses of treatment or non-treatment including the risks involved with each and the name of the person who will carry out a planned procedure
- To confidential treatment and privacy of all communications and records pertaining to care you received in any health care setting. Written permission will be obtained before medical records are made available to persons not directly concerned with your care, except as permitted by law or as necessary in the administration of SHP. SHP’s policies related to privacy and confidentiality are available to you upon request
- To full consideration of privacy and confidentiality around your plan for medical care, case discussion, consultation, examination and treatment, including the right to be advised of the reason an individual is present while care is being delivered
- To reasonable continuity of care along with advance knowledge of the time and location of an appointment, as well as the name of the provider scheduled to provide your care
- To be advised if the provider proposes to engage in or perform human experimentation within the course of care or treatment and to refuse to participate in such research projects if desired
• To be informed of continuing health care requirements following discharge from a hospital or provider office
• To examine and receive an explanation of bills for services regardless of the source of payment
• To have these member rights apply to a person with legal responsibility for making medical care decisions on your behalf. This person may be your provider
• To have access to your personal medical records
• To formulate advance directives for health care

What Are My Responsibilities?

It is the expectation of SHP and its providers that members adhere to the following member responsibilities to facilitate the provision of high-level quality of care and service to members.

Your member responsibilities include but are not limited to the following:

• To know, understand and abide by the terms, conditions, and provisions set forth by SHP as your health plan. (The Evidence of Coverage and Disclosure Form (EOC) contains this information)
• To supply SHP and its providers and practitioners (to the extent possible) the information they need to provide care and service to you. This includes informing SHP’s Member Services when a change in residence occurs or other circumstances arise that may affect entitlement to coverage or eligibility
• To select a primary care physician (PCP) who will have primary responsibility for coordination of your care and to establish a relationship with that PCP
• To learn about your medical condition and health problems and to participate in developing mutually agreed upon treatment goals with your practitioner, to the degree possible
• To follow preventive health guidelines, prescribed treatment plans and guidelines/instructions that you have agreed to with your health care professionals and to provide to those professionals information relevant to your care
• To schedule appointments as needed or indicated, to notify the participating provider when it is necessary to cancel an appointment and to reschedule cancelled appointments if indicated
• To show consideration and respect to the providers and their staff and to other patients
• To express grievances regarding SHP, or the care or service received through one of SHP’s providers, to SHP Member Services for investigation through SHP’s grievance process

To facilitate greater communication between patients and providers, SHP will:

• Upon the request of a member, disclose to consumers factors, such as methods of compensation, ownership of or interest in health care facilities, that can influence advice or treatment decisions
• Ensure that provider contracts do not contain any so-called “gag clauses” or other contractual mechanisms that restrict the health care provider’s ability to communicate with or advise patients about medically necessary treatment options
Notice of Language Assistance

IMPORTANT: Can you read this? If not, Sutter Health Plus can have somebody help you read it. You may also be able to get this written in your language. For no-cost help, please call Sutter Health Plus Member Services at 1-855-315-5800 (TTY 1-855-830-3500). (English)

IMPORTANTE: ¿Puede leer esto? Si no puede, Sutter Health Plus puede proporcionarle alguien que le ayude a leerlo. También puede obtenerlo por escrito en su idioma. Llame a Sutter Health Plus Member Services al 1-855-315-5800 (TTY 1-855-830-3500), sin costo alguno. (Spanish)


ملحوظة مهمة: هل أنت قادر على قراءة هذا؟ إذا لمن قادر فاعمل أن صنر هيلث بلاس (Sutter Health Plus) قد يكون لديهم شخصًا يمكنهم مساعدتك في قراءة هذا النص. كما يمكنك أيضًا أن تتلقؤ مكتوبًا بأسلوب. للحصول على مساعدة مجانية، برامج الإتصال بخدمات أعضاء صنر هيلث بلاس (Sutter Health Plus Member Services) على هاتف 1-855-315-5800 (TTY 1-855-830-3500). (Arabic)


សារៈសំខាន់៖ តើអ្នកអាចអានតសចកដីតនេះឬតេនេះឬតេនេះ? តើអ្នកអាចអានធាតុនេះឬធាតុនេះឬធាតុនេះ? មានកម្រិតតុលាការពាក្យខ្លីដែលអាចសរសើរបាន Sutter Health Plus ។ ឬសម្រាប់ព័ត៌មានព័ត៌មានរបស់ អ្នក៖ 1-855-315-5800 (TTY 1-855-830-3500)។ (Cambodian)

نکته مهم: آیا می‌توانید این مطالب را بخوانید و بفهمید؟ اگر نمی‌توانید، Sutter Health Plus می‌تواند این مطالب را به زبان فارسی و چکش دارد. برای دریافت خدمات و کمک رایگان، لطفاً با Sutter Health Plus گفتمان خدمات عضوی 1-855-315-5800 (TTY 1-855-830-3500) گفتگو کنید. (Farsi)

महत्वपूर्ण: क्या आप इसे पढ़ सकते/सकती हैं? यदि नहीं, तो सहारा हेलथ प्लस इसे पढ़ने में किसी से आपकी सहायता करवा सकता है। आप इसे अपनी भाषा में भी लिखावाने में समर्थ हो सकते/सकती हैं। निष्कर्ष सहायता के लिए, कृपया 1-855-315-5800 (TTY 1-855-830-3500) पर सहारा हेलथ प्लस मेंबर सर्विसेस को कॉल करें। (Hindi)

重 要 な お 知 ら せ： こ れ を 読 む こ と で き る の で す か ？ 読 め な い と し て 、 Sutter Health Plus が 読 む の を 手 伝 い し ま す 。 あ な た の 言 語 で 表 示 で き る か も し れ ら せ ん 。 無 費 の ご 相 談 は 、 Sutter Health Plus Member Services、 電 話： 1-855-315-5800 (TTY 1-855-830-3500) まで。


ВАЖНО: Вы можете это прочитать? Если нет, Sutter Health Plus может предоставить Вам кого-то, кто сможет помочь Вам прочитать это. Вы также можете получить это в письменной форме на своем языке. Для бесплатной помощи позвоните в Службу поддержки членов Sutter Health Plus по телефону 1-855-315-5800 (TTY 1-855-830-3500). (Russian)

MAHALAGA: Nababasa mo ba ito? Kung hindi, maaari kang bigyan ng Sutter Health Plus ng taong babasa para sa iyo. Maaari mo ding hilingin na isulat ito sa iyong wika. Para sa walang-gastos na tulungan, mangyaring tumawag sa Sutter Health Plus Member Services sa.
1-855-315-5800 (TTY 1-855-830-3500). (Tagalog)

QUAN TRỌNG: Qu. vј có thể đọc thông tin này không? Nếu không, Sutter Health Plus có thể yêu cầu ai đó đọc giúp cho qu. vј. Qu. vј cũng có thể nhận được thông tin này được đăng ván bản bằng ngôn ngữ của qu. vј. Để được hỗ trợ miễn phí, vui lòng gọi cho ban Dịch Vụ Thành Viên của Sutter Health Plus theo số 1-855-315-5800 (TTY 1-855-830-3500). (Vietnamese)