

Member Rights and Responsibilities

Uphold customer “Bill of Rights”

As a UnitedHealthcare Community Plan member, you have certain rights and responsibilities when you enroll. It is important that you fully understand both your rights and your responsibilities. The following statement of rights and responsibilities is presented here for your information. The state must ensure that each enrollee is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat the enrollee.

You have a right to:

- Get information about UnitedHealthcare Community Plan, its services, the doctors giving care, and member rights and responsibilities.
- Be told by your doctor what is wrong, what can be done, and what the result may be, in language you understand.
- Learn about options for treatment, regardless of cost or coverage, in a way that you can understand.
- Voice complaints or appeals about us and your care.
- Suggest changes to our member rights and responsibilities.
- Be cared for with respect and dignity and with regard to your privacy, without regard for health status, physical or mental handicap, sex, race, color, religion, national origin, age, marital status, or sexual orientation.
- Be told where, when, and how to get the services you need.
- Get a second opinion.
- Give your OK to any treatment or care plan after it has been explained to you.
- Refuse care and be told what you may risk if you do.
- Be free from any restraint or seclusion as a means of coercion, discipline, convenience, or retaliation.
- Get a copy of your medical record. Talk about it with your doctor and ask, if needed, that it be amended or corrected.
- Have your medical record kept private, shared only when required by law or contract, or with your approval.
- Get respectful care in a clean and safe environment free of unnecessary restraints.
- Get information about doctor incentives.
- Exercise your rights and not have this affect the way you are treated.
- Make an advance directive.
- Make a decision on organ donation.
- Have services that are not denied or reduced. These services should not be denied or reduced due to diagnosis, type of illness, or medical problem.
- Access oral interpretation services free of charge.

continued

You have a responsibility to:

- Give information that UnitedHealthcare Community Plan and your doctor need to care for you.
- Listen to the doctor's advice, follow instructions, and ask questions.
- Understand your health problems and work with your doctor to set treatment goals.
- Work with your doctor to guard and improve your health.
- Find out how your health care system works.
- Go back to your doctor or ask for a second opinion if you do not get better.
- Treat health care staff with respect.
- Tell us if you have problems with any health care staff.
- Follow the appointment scheduling process.
- Keep your appointments. If you must cancel, call as soon as you can.
- Call your doctor when you need medical care, even after office hours.
- Use the emergency room only for real emergencies.
- Inform the plan of changes in address, family size, or other health care coverage.
- Pay for services not approved and received from non-network providers when:
 - You know the service is not covered.
 - You have agreed in writing to be financially responsible for the service.
- Know how to get services approved.



UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must submit the complaint orally or in writing within 30 days of when you found out about it. If your complaint cannot be resolved in 1 day it will be treated as a grievance. We will send you an acknowledgement of the grievance within 5 days of receipt of the grievance. A decision will be sent to you within 30 days.

If you need help with your complaint, please call the toll-free member phone number at **1-877-743-8731, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail:

U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number at **1-877-743-8731, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-743-8731, TTY 711**.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-743-8731, TTY 711**.

Vietnamese

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số **1-877-743-8731, TTY 711**.

Traditional Chinese

注意：如果您說中文，您可獲得免費語言協助服務。請致電 **1-877-743-8731**，或聽障專線 **TTY 711**。

French

ATTENTION : Si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-877-743-8731, TTY 711**.

Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم **1-877-743-8731**، الهاتف النصي **.711**

Choctaw

Pisa: Chahta anumpa ish anumpuli hokma, anumpa tohsholi yvt peh pilla ho chi apela hinla. I paya **1-877-743-8731, TTY 711**.

Tagalog

ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa **1-877-743-8731, TTY 711**.

German

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie: **1-877-743-8731, TTY 711**.

Korean

참고: 한국어를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-877-743-8731, TTY 711** 로 전화하십시오.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમારા માટે વિના મૂલ્યે ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. કોલ કરો **1-877-743-8731, TTY 711**.

Japanese

ご注意:日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号**1-877-743-8731**、または**TTY 711**。

Russian

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел **1-877-743-8731, TTY 711**.

Panjabi

ਸਾਵਧਾਨ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ, ਮੁਫਤ ਵਿੱਚ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਹੈਲਥ ਪਲਾਨ ਟੀਮ ਨੂੰ ਸੰਪਰਕ ਕਰੋ। **1-877-743-8731, TTY 711** ਤੇ ਕਾਲ ਕਰੋ।

Italian

ATTENZIONE: se parla italiano, Le vengono messi gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero **1-877-743-8731, TTY 711**.

Hindi

धुनन दै: डदल आड हलनुदी डलषल डुलते हँ तु डलषल सलहलड तल सेवलं आडके ललल नलःशुलुक उडलडुध हँ। कलल करँ **1-877-743-8731, TTY 711**.