

**Your rights and responsibilities
Fallon Community Health Plan
For our FCHP MassHealth members**

Member rights

As a Fallon Community Health Plan member, you have the right to:

- Be informed about Fallon Community Health Plan and covered services.
- Receive information about Fallon Community Health Plan, its services, its health care providers, and members' rights and responsibilities.
- Be informed about how medical treatment decisions are made by Fallon Community Health Plan or by providers that accept Fallon Community Health Plan members, including payment structure.
- Choose a qualified primary care physician and hospital that accept Fallon Community Health Plan members.
- Know the names and qualifications of physicians and health care professionals involved in your medical treatment.
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand.
- Be actively involved in decisions regarding your own health and treatment options, including the right to refuse treatment.
- Receive emergency services when you, as a non-health care professional, would have believed that an emergency medical condition existed.
- Openly discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage, presented by your provider in a way that you can understand and that is appropriate to your condition.
- Be treated with dignity and respect, and to have your privacy recognized.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Keep your personal health information private as protected under federal and state laws—including oral, written and electronic information throughout Fallon Community Health Plan. Unauthorized people do not see or change your records.
- Review and get a copy of certain personal health information. (There may be a fee for photocopies.) You also have the right to request that your medical records be changed or corrected.
- Make complaints and appeals without discrimination about the managed care organization or the care provided, and expect problems to be fairly examined and appropriately addressed.

MEMBER RIGHTS AND RESPONSIBILITIES

- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or your national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Fallon Community Health Plan and the providers who accept Fallon Community Health Plan members.
- Make recommendations regarding Fallon Community Health Plan's member rights and responsibilities policies.

Member responsibilities

As a Fallon Community Health Plan member, you have the responsibility to:

- Provide, to the extent possible, information that Fallon Community Health Plan, your physician or other care providers need in order to care for you.
- Do your part to improve your own health condition by following any treatment plan, instruction and care that you have agreed on with your physician(s).
- Understand your health problems, and participate in developing new and existing treatment goals that you and your physician(s) agree to, as much as you possibly can.

If you have any questions about your rights or responsibilities as a member of Fallon Community Health Plan, please contact:

Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
1-800-868-5200
(TDD/TTY: 1-877-608-7677)