

Member Rights and Responsibilities

Quick Reference Guide

Member rights and responsibilities

As a person using our services, a member has specific rights. These rights are regardless of their age, cultural background, gender, gender identity, sexual orientation, financial status, national origin, race, religion or disability.

The following are various rights and responsibilities as written for the member.

Member rights

- **Get information about us.** Find out about our services. Find out who our health care practitioners and providers are. Find out about your rights and responsibilities.
- **Get information about the people who give you health care.** Find out their names. Find out their professional status and board certification.
- **Be treated with consideration, compassion, and respect.** That means we consider your dignity and treat you as a person. We think about your privacy when we give you treatment and care.
- **Be free from neglect, exploitation, and verbal, mental, physical and sexual abuse.**
- **Make decisions about your medical care.** Make advance directives to have life-prolonging medical or surgical treatment given, ended, or stopped; to withhold resuscitative services; and for care at the end of life. You have the right to name another person to make health care decisions for you, to the extent allowed by law.
- **Discuss all treatment options that are medically needed,** regardless of what they cost or what your plan covers.
- **Voice your complaints freely. Voice them without fear of discrimination or revenge.** If you are not satisfied with how your complaint is handled, you may have us reconsider your complaint.
- **Tell us how** to improve this statement of rights and responsibilities.
- **Be involved in planning** your medical care. You may include your family in planning your care. You have the right to be told the risks, benefits, and consequences of your actions. You may refuse to take part in experimental research, investigation and clinical trials.
- **Choose or change your primary care physician or get a second opinion** from another doctor at Kaiser Permanente at no charge. You also have the right to consult with a non-Plan doctor at your own expense.
- **Have direct access to a practitioner of women's health services.** Have other specialists to ensure your ongoing care for specific conditions.
- **Find out about your care.** You have a right to talk it over with your doctor. Talk with your doctor about your medical condition. Discuss your diagnosis. Discuss what kind of treatment is available. You may discuss alternatives to treatment. You have a right to

have these presented in a way that is appropriate to your condition and ability to understand.

- **Have an interpreter for your language.** You have a right to have an interpreter when needed to understand your care and services.
- **Be involved in considering ethical issues.** You have the right to contact our Bioethics Committee. Are there ethical, legal, or moral questions about your care? They can help to resolve them.
- **Be told** how Kaiser Permanente is related to other health care programs, providers, and schools.
- **Be told** about how we review new technologies. You have a right to know how we apply our benefits to them.
- **Get medical information and education that you need.** This will let you play an active role in your health care.
- **Give informed consent.** We'll ask your permission before the start of any procedure or treatment.
- **Give or withhold informed consent** to produce or use recordings, films, or other images of you for purposes other than your care.
- **Get fair and timely access to services.** That means not just emergency care. It also includes medically needed services and treatment. It includes the things covered by your plan. We should not arbitrarily deny a service just because of your diagnosis, what kind of illness you have, or your condition. Nor should we reduce a service in amount, duration or scope for those reasons alone.
- **Receive services in a coordinated manner.** Your PCP is in charge of your medical care. He or she treats you, refers you to specialists when needed, and connects you to all of our services. Your doctor will work with you to help you meet your health goals so that you can live well.
- **Have us consider and respect your needs.** We respect your cultural and spiritual needs. We respect your psychological and social needs.
- **Have privacy and confidentiality** for all discussion and records of your care. We will protect your confidentiality. You or a person you choose can ask for your medical records. You can see the records or get a copy. You can ask to amend or correct them, within the limits of the law. In addition, you have the right to limit, restrict or prevent disclosure of protected health information.
- **Be treated in a safe, secure, and clean environment.** Be free from physical and chemical restraints. Exception: these can only be used when ordered by a doctor, or in the case of an emergency. Even then, they can only be used when needed to protect you or others from injury.
- **Get appropriate and effective pain management.** Get it as an important part of your care plan.
- **Get an explanation of your bill and benefits.** You have this right regardless of how you pay. You have the right to know about our available services, referral procedures, and costs.
- **Get other information and services.** These are things required by various state or federal programs.

- **When appropriate, be told about the outcomes of care.** That includes outcomes that were not expected.
- **Discuss “do not resuscitate” wishes or advance directive instructions** for healthcare with your surgeon and anesthesiologist prior to an operative procedure when you wish to have the “do not resuscitate” honored in the event of a life threatening emergency during an operative procedure.
- Medicaid patients receiving services, including in the Ambulatory Surgery Center, who wish to file a complaint or voice a concern may contact the Medicaid Ombudsman, Hilopa’a, at www.hilopaa.org or by calling 1-808-791-3467 (Oahu), 1-808-270-1536 (Maui). Medicare patients may contact the Office of the Medicare Beneficiary Ombudsman at www.medicare.gov.

Member responsibilities

- **Give us correct and complete information** about your health. Tell us about the medical conditions you have now. Tell us about the medical conditions you had in the past.
- **Follow the treatment plan.** You and your health care practitioner agreed on the plan. Tell them if you do not understand or cannot follow through with your treatment.
- **Understand your health problems.** As much as possible, work with the practitioner to come up with treatment goals you and they can agree on.
- **Tell us who you are.** Use your Kaiser Permanente identification card the way it’s supposed to be used.
- **Cooperate with our staff.** Help us diagnose and treat your illness or condition properly.
- **Keep your appointments.** If you cannot keep them, cancel them in a timely manner.
- **Know your benefits.** Know your plan. Know its limits.
- **Sign a release form.** If you choose not to follow the recommended treatment or procedures we will provide you with adequate information to make an informed decision and will ask you to sign a release form.
- **Realize the effects your lifestyle has on your health.** Understand that decisions you make in your daily life, such as smoking, can affect your health.
- **Be considerate of others.** Respect the rights and feelings of the staff. Respect the privacy of other patients.
- **Don’t make a disturbance.** Don’t disrupt our operations and administration. Cooperate with staff. That way we can continue what we’re doing for other patients.
- **Follow all hospital, clinic, and health plan rules and regulations.** Respect hospital visiting hours.
- Cooperate in the proper processing of third-party payments.
- **Tell us** when you or your covered dependents change addresses.
- **Be responsible for your actions.** If you refuse treatment, do not follow instructions, and if your action or behavior interfere with facility and/or patient care, your care may be rescheduled. Should your medical condition change, the treatment plan may be modified.

- **For Ambulatory Surgery Center (ASC) patients:** Provide a responsible adult to take you home and to stay with you for 24 hours, if required by your doctor.

Hospital patient rights and responsibilities

As a patient in the Moanalua Medical Center you have some more rights. You have the right to:

- **Know your rights and responsibilities.** We'll give you the information when you become a hospital patient.
- **Have proper discharge from the hospital or transfer to another.** This may be for your welfare. It may be for other patients' welfare. It may be for other causes as determined by your doctor. You have a right to have reasonable advance notice. You have a right to have discharge planning. Qualified hospital staff will make sure you get the right care in the right place when you get out of the hospital...
- **Ask for a visit by clergy** at any time. You have a right to take part in social and religious activities. You may do this unless it harms the rights of other patients or would hurt your medical care.
- **Get and use your own clothes and things** as space permits. Do this unless it harms the rights of other patients, violates our safety practices, or would hurt your medical care.
- **Give informed consent** before the start of any recording, films, or other images for purposes of non-patient care.
- **Access protective and advocacy services.**
- **Get appropriate educational services.** You need these when a child or adolescent patient's treatment requires a significant absence from school.
- **Be protected from requests to perform services for Kaiser Foundation Hospital.** You don't need to do things that are not included for therapeutic purposes in your plan of care.
- **Be free from any form of restraint or seclusion as a means of coercion, discipline, convenience or retaliation.** Federal regulations limit the use of restraints and seclusion.
- **Receive visitors of your choice** including a spouse, (same-sex) domestic partner, family member or friend. All or certain visits may be excluded at your request or discretion of staff, physicians, or administration to allow for your and other's rights, safety or well being.
- **File a complaint in the hospital,** either verbally or in writing with the department manager or supervisor. If you are not satisfied with the response, please contact Hospital Administration. They are located on the first floor of the hospital. Or call the operator at 432-0000 and ask for them. If the concern cannot be resolved by the hospital, you may contact The Joint Commission by phone, mail, fax or email. Phone: Toll free U.S., Weekdays 8:30a.m. – 5 p.m. Central time. (800) 994-6610. Mail: Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL. 60181. Fax: (630) 792-5636. Email: complaint@jointcommission.org.

QUEST Integration member rights and responsibilities

As a QUEST Integration member you have the following additional rights and responsibilities.

You have a right:

- Not to pay for our debts if we go broke.
- Not to pay for services if the state doesn't pay us.
- Not to pay for covered services if we or the state do not pay the doctor or the person who gave you the service.
- To receive covered services outside of Kaiser Permanente (under a contract, referral or other arrangement) if we are unable to provide the service for you and for as long as we are unable to provide it. You will not have to pay more than if we provided the services directly.
- To get direct access to a specialist through a standing referral for the same condition, if the specialist treated you before and you have special health care needs. Special health care needs are determined by an appropriate health care professional.
- To receive information on available treatment options and alternatives in a way that you can easily understand and in a manner that takes into consideration your special needs.
- Freely exercise your rights, including those related to filing a grievance or appeal, as described in 432E, HRS, Patients' Bill of Rights and Responsibilities. Exercising those rights do not negatively affect the way we treat you.
- Receive services described in 42 CFR 438.206 through 42 CFR 438.21
- To receive all written materials in an easily understood language and format.
- Receive services according to appointment waiting time standards.
- Receive services in a culturally competent manner.
- Receive services in a coordinated manner.

You must tell DHS and Kaiser Permanente when there are any of these changes in your family:

- Death in the family (recipient, spouse, dependent)
- Birth
- Adoption
- Marriage
- Divorce
- Change in health condition (such as pregnancy or permanent disability)
- Change of address
- Institutionalization (such as nursing home, state mental health hospital or prison)



Also, you must notify Kaiser Permanente if:

- Some other person, organization or program needs to pay for your care (such as no-fault insurance for a car accident, or worker's compensation for an injury on the job)
- You will need continuing medical care while visiting on another island
- You are going to be away from home for more than 90 days

Please report the above information to Kaiser Permanente at 432-5330 or toll-free at 1-800-651-2237 or 1-877-447-5990 by TTY.