

## EXHIBIT D

### Participant Bill of Rights & Responsibilities

#### YOUR RIGHTS AND RESPONSIBILITIES

##### West PACE Participant Bill of Rights

**At West PACE, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. Our staff seeks to affirm the dignity and worth of each Participant by assuring the following rights:**

##### **Respect and Non-Discrimination**

**You have the right to be treated with dignity and respect at all times, to have all of your care kept private, and to get compassionate, considerate care.**

##### *You have the right to:*

- Be treated in a respectful manner that honors your dignity and privacy.
- Receive care from professionally trained staff.
- Know the names and responsibilities of the people providing your care.
- Know that decisions regarding your care will be made in an ethical manner.
- Receive comprehensive health care provided in a safe and clean environment and in an accessible manner.
- Be free from harm, including unnecessary physical or chemical restraints or isolation, excessive medication, physical or mental abuse or neglect, and hazardous procedures.
- Be encouraged to use your rights in the PACE program.
- Receive reasonable access to a telephone at the center, both to make and receive confidential calls, or to have such calls made for you if necessary.
- **Not have to do work or services for the PACE Program.**
- Not be discriminated against in the delivery of PACE services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability or source of payment.

##### **Information Disclosure**

**You have the right to get accurate, easy-to-understand information and have someone help you make informed health care decisions.**

##### *You have the right to:*

- Be fully informed, in writing, of your rights and responsibilities and all rules and regulations governing participation in West PACE.
- Be fully informed, in writing, of the services offered by West PACE, including services provided by contractors instead of West PACE staff. You must be given this information before enrollment, at enrollment, and at the time your needs necessitate the disclosure and delivery of such information, in order for you to make an informed choice.
- A full explanation of the Enrollment Agreement and an opportunity to discuss it.
- Have an interpreter or a bilingual provider available to you if your primary language is not English.
- Examine the results of the most recent federal or state review of West PACE and how West PACE plans

to correct any problems that are found at inspection.

### **Confidentiality**

**You have the right to talk with health care providers in private and have your personal health care information kept private as protected under state and federal laws.**

*You have the right to:*

- Have all the information related to your care kept confidential within required regulations.
- Be assured that your written consent will be obtained for the release of medical or personal information or photographs or images to persons not otherwise authorized under law to receive it.
- Review and copy your medical records and request amendments to those records and have them explained to you.
- Be assured of confidentiality when accessing Sensitive Services such as Sexually Transmitted Disease (STD) and HIV testing.

### **Choosing Your Provider**

*You have the right to:*

- Choose your own primary care provider and specialists from the West PACE provider panel.
- Request a qualified specialist for women's health services or preventive women's health services.
- Initiate the disenrollment process at any time giving 30-day notice.

### **Emergency Care**

*You have the right to:*

- Receive health care services in an emergency without prior approval from the West PACE Interdisciplinary Team.

### **Treatment Decisions**

*You have the right to:*

- Participate in the development and implementation of your care plan. A Participant may also designate a health spokesperson.
- Have all treatment options explained to you in a respectful manner and acknowledge this explanation in writing.
- Make your own health care decisions.
- Refuse treatment and be informed of the consequences.
- Request and receive complete information about your health and functional status by the West PACE Interdisciplinary Team.
- Request a reassessment by the West PACE Interdisciplinary Team.
- Receive reasonable advance notice, in writing, if you are to be transferred to another treatment setting for medical reasons or for your welfare or the welfare of other Participants. Any such actions will be documented in your health record.
- Have our staff explain advance directives to you and to establish one on your behalf, if you desire.

## **Exercising Your Rights**

### ***You have the right to:***

- Assistance to exercise civil, legal and participant rights, including West PACE grievance process, the Medi-Cal State hearing process and the Medicare and Medi-Cal appeals processes.
- Voice your complaints and recommend changes in policies and services to our staff and to outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by our staff if you do so.
- Appeal any treatment decision made by West PACE or our contractors through our appeals process and request a State hearing.

***If you feel any of your rights have been violated or you are dissatisfied and want to file a grievance or an appeal, please report this immediately to your social worker or call our office during regular business hours at **{to be provided once established }** or our toll free line at 1-800-920-7098.***

**Please refer to other sections of your West PACE *Participant Enrollment Agreement Terms and Conditions* booklet for details about West PACE as your sole provider; a description of West PACE services and how they are obtained; how you may obtain emergency and urgently needed services outside West PACE's network; the grievance and appeals procedure; conditions for disenrollment; and a description of premiums, if any, and payment of these.**

## **Participant Responsibilities**

**We believe that you and your caregiver play crucial roles in the delivery of your care. To assure that you remain as healthy and independent as possible, please establish an open line of communication with those participating in your care and be accountable for the following responsibilities:**

### ***You have the responsibility to:***

- Cooperate with the Interdisciplinary Team in implementing your care plan.
- Accept the consequences of refusing treatment recommended by the Interdisciplinary Team.
- Provide the Interdisciplinary Team with a complete and accurate medical history.
- Utilize only those services authorized by West PACE.
- Take all prescribed medications as directed.
- Call the West PACE physician for direction in an urgent situation.
- Notify West PACE within 48 hours or as soon as reasonably possible if you require emergency services out of the service area.
- Notify West PACE in writing when you wish to initiate the disenrollment process.
- Pay required monthly fees as appropriate.
- Treat our staff with respect and consideration.
- Not ask staff to perform tasks that they are prohibited from doing by PACE or agency regulations.
- Voice any concerns or dissatisfaction you may have with your care.