

As a Clear Spring Health plan member, you have the right to:

- ⑤ Be provided with information about your Clear Spring Health plan, its services and benefits, its providers, and your rights and responsibilities as a member.
- ⑤ Choose your primary care physician from our network of affiliated doctors and provider and to change to another primary care provider (PCP) in the Clear Spring Health network (if required by your plan).
- ⑤ Privacy and confidentiality regarding your medical care and records. Records pertaining to your healthcare will not be released without your, or your authorized representative's, written permission, except as required by law.
- ⑤ Discuss your medical record with your doctor or provider and receive, upon request, a copy of that record. Be informed of your diagnosis, treatment choices, including non-treatment, and prognosis in terms you can reasonably expect to understand, and to participate in decision-making about your healthcare and treatment plan.
- ⑤ Have a candid discussion with your medical provider about appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- ⑤ Expect reasonable access to medically necessary healthcare services, regardless of race, national origin, religion, physical abilities or source of payment.
- ⑤ File a formal complaint, as outlined in the plan's grievance procedure, and expect a response to that complaint within a reasonable period of time.
- ⑤ Be treated with courtesy and respect, with appreciation for your dignity and protection of your right to privacy.
- ⑤ Make recommendations regarding the plan's "rights and responsibilities" policies.
- ⑤ Receive Clear Spring Health's "Notice of Privacy Practices."
- ⑤ Expect your personal information to be kept secure and used appropriately for payment and health plan operations.
- ⑤ Expect Clear Spring Health to adhere to all privacy and confidentiality policies and procedures.

Member rights and personal information

You have the right to take the following actions related to your personal information:

- ⑤ Request an accounting of disclosures of personal health information for reasons outside of payment and health plan operations.
- ⑤ Receive an authorization form for any proposed use of your personal health information outside of routine payment and health plan operations.

- Ⓢ Request an alternate form of communication of personal health information if the release of a portion or all of the information could endanger life or health.
- Ⓢ File a complaint regarding an alleged breach of privacy.
- Ⓢ Agree or object regarding Clear Spring Health's intent to release your personal information outside of payment or health plan operations.
- Ⓢ Request an amendment or correction of your personal information to a designated record created by Clear Spring Health.
- Ⓢ Request access to inspect and copy information.
- Ⓢ Request Clear Spring Health restrict the use and disclosure of your personal information and maintain the right to terminate the restriction request

Clear Spring Health member responsibilities

As a Clear Spring Health plan member, you also have responsibilities that require you to:

- Ⓢ Give the Clear Spring Health plan and your healthcare provider the complete and accurate information needed to care for you.
- Ⓢ Read and be aware of all material distributed by the plan explaining policies and procedures regarding services and benefits.
- Ⓢ Obtain and carefully consider all information you may need or desire to give informed consent for a procedure or treatment.
- Ⓢ Follow the treatment plan agreed on with your healthcare provider and weigh the potential consequences of any refusal to observe those instructions or recommendations.
- Ⓢ Be considerate and cooperative in dealing with the plan providers and respect the rights of fellow plan members.
- Ⓢ Schedule appointments and arrive on time for scheduled visits, and notify your healthcare provider if you must cancel or be late for a scheduled appointment.
- Ⓢ Express opinions, concerns, or complaints in a constructive manner.
- Ⓢ Tell us in writing if you move or change your address or phone number, even if these changes are only temporary.
- Ⓢ Pay all copayments or premiums by the date they are due.
- Ⓢ Be honest and open with your physician and report unexpected changes in your condition in a timely fashion.
- Ⓢ Follow healthcare facility rules and regulations affecting patient care and conduct.
- Ⓢ Carry your Clear Spring Health identification card with you at all times and use it while enrolled in the Clear Spring Health plan.