

# GHC-SCW Patient Rights & Responsibilities

At GHC-SCW, we stand behind our commitment to provide high-quality, comprehensive and accessible health care to our members in an efficient and personalized manner. To further demonstrate this commitment, we have established the following patient rights and responsibilities.

## YOU HAVE A RIGHT TO:

1. Receive information about GHC-SCW, its services, practitioners and providers, including the right to receive a copy of the GHC-SCW Patient Rights and Responsibilities.
2. Be treated with dignity and respect in a confidential manner.
3. Participate with your providers in making decisions about your health care.
4. Participate in a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
5. Voice complaints about the organization or the care it provides without penalty or disenrollment.
6. Receive notification and a rationale when case management services are changed or no longer needed.
7. Receive a certificate outlining the coverage to which you and/or your family members are entitled, and to whom the benefits are paid.
8. Ask questions regarding your medical plan coverage, the preauthorization process or claims payment.
9. Submit complaints about appeals about GHC-SCW or the care we provide.
10. Select a primary care provider and to request a new provider without indicating a reason.
11. Receive a full explanation of any charges billed to you as a result of care.
12. Participate in the governance of GHC-SCW. Each member must be at least 18 years of age to be a voting member of the Cooperative and is encouraged to actively participate in its operation.
13. Make recommendations regarding the organization's member rights and responsibilities policy.
14. Receive informed consent, as required by law, prior to procedures or treatments. To the extent permitted by law, it is your right to refuse the recommended treatment and be informed of the consequences of this decision.
15. Receive confidential treatment of all communications and records concerning your care, except as otherwise provided by law.
16. View and receive a copy of your health records and x-rays upon receipt of written authorization.
17. Receive a copy of the GHC-SCW Notice of Privacy Practices.

**TOGETHER, BETTER IS POSSIBLE.**

Group Health Cooperative of South Central Wisconsin (GHC-SCW)  
MK24-126-1(8.25)FL



of South Central Wisconsin

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## YOU HAVE A RESPONSIBILITY TO:

1. Be considerate of others.
2. Observe safety and smoking regulations in all GHC-SCW facilities.
3. Treat GHC-SCW employees with consideration and respect.
4. Provide information that the organization and its practitioners and providers need in order to provide care.
5. Use facilities and equipment properly.
6. Read and understand your coverage.
7. Be on time for appointments and inform the clinic in advance when appointments cannot be kept.
8. Follow plans and instructions for care as agreed to with your provider.
9. Work with your provider to clearly understand your health problems and create your treatment goals.
10. Pay your financial obligations under the benefit plan.
11. Know and confirm your benefits before receiving treatment.
12. Obtain preauthorization for services indicated in your certificate.
13. Notify GHC-SCW of changes in your address, phone number or family status.

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