

**MAGELLAN BEHAVIORAL HEALTH**  
**MEMBERS' RIGHTS AND RESPONSIBILITIES STATEMENT**  
for  
*[CCM product name]*

***Statement of Members' Rights***

**Members have the right to:**

- Be treated with dignity and respect.
- Be treated fairly, regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Have their treatment and other member information kept confidential. Only where permitted by law may records be released without the member's permission.
- Easily access care in a timely fashion.
- Know about their treatment choices. This is regardless of cost or coverage by their benefit plan.
- Share in developing their plan of care.
- Receive information in a language they can understand.
- Receive a clear explanation of their condition and treatment options.
- Receive information about Magellan, its providers, programs, services and role in the treatment process.
- Receive information about clinical guidelines used in providing and managing their care.
- Ask their provider about their work history and training.
- Give input on the Members' Rights and Responsibilities policy.
- Know about advocacy and community groups and prevention services. If asked, Magellan will act on the member's behalf as an advocate.
- Freely file a complaint or appeal and to learn how to do so.
- Know of their rights and responsibilities in the treatment process.
- Request certain preferences in a provider.
- Have provider decisions about their care made on the basis of treatment needs.
- Receive information about Magellan's staff qualifications and any organization Magellan has contracted with to provide services.
- Decline participation or withdraw from programs and services.
- Know which staff members are responsible for managing their services and from whom to request a change in services.

***Statement of Members' Responsibilities***

**Members have the responsibility to:**

- Treat those giving them care with dignity and respect.
- Give providers and Magellan information that they need. This is so providers can deliver quality care and Magellan can deliver appropriate services.
- Ask questions about their care. This is to help them understand their care.
- Follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- Follow the agreed upon medication plan.
- Tell their provider and primary care physician about medication changes, including medications given to them by others.
- Keep their appointments. Members should call their provider(s) as soon they know they need to cancel visits.
- Let their provider know when the treatment plan is not working for them.
- Let their provider know about problems with paying fees.
- Report abuse and fraud.
- Openly report concerns about the quality of care they receive.
- Let Magellan and their provider know if they decide to withdraw from the program.

*My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information.*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

*The signature below shows that I have explained this statement to the patient. I have offered the member a copy of this form.*

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date