



Patient bill of rights

Complex Condition CARE

Patients and families who choose to participate in UMR's **Complex Condition CARE** program are treated with respect to their autonomy, dignity and privacy.

- The patient has the right to terminate treatment or services, including Complex Condition CARE services, and is informed of implications of such refusal relating to benefits eligibility and/or health care outcomes.
- Patients participating in Complex Condition CARE have the right to considerate, respectful care regardless of race, ethnicity, national origin, religion, sex, age, mental or physical disability or sexual orientation.
- Patients have the right to receive accurate, easily understood information to help them make informed decisions about their care in respect to their health plan benefits.
- Patients have the right to fully participate in the Complex Condition CARE process. The patient's needs and goals are incorporated into the Complex Condition CARE plan. Patients who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members or other legal conservators. The plan of care is available to the patient or designee upon request.
- Patients have the right to appeal any adverse determination made by UMR.
- Patients have the right to self-determination through end-of-life or advanced care directives. Such directives are respected and incorporated into the Complex Condition CARE process.
- Patients have the right to contact the Complex Condition CARE program with any concerns regarding their CARE nurse manager or the Complex Condition CARE process. Instructions on how to speak with the Complex Condition CARE program regarding an issue is in the patient introduction letter.
- Upon request, patients are notified of the rationale used to initiate Complex Condition CARE for case closure and for changing or terminating Complex Condition CARE services.
- All communications and records pertaining to the patient's care will be treated as confidential by UMR, except in cases such as suspected abuse and public health hazards when reporting is permitted by law.

CONFIDENTIALITY NOTICE: In accordance with HIPAA, the information in this document, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by phone at the number listed above and destroy all documents submitted.

© 2020 United HealthCare Services, Inc. UM1674 0920 UA
No part of this document may be reproduced without permission.



A UnitedHealthcare Company