

APS Healthcare  
**ENROLLEE RIGHTS AND RESPONSIBILITIES**

**ENROLLEE RIGHTS**

I have the right to:

1. Receive information about APS, including its services, practitioners and providers, and enrollee rights and responsibilities.
2. Be provided care and treatment with dignity and respect.
3. Be treated as an individual with personal needs, feelings, preferences, and requirements.
4. Non-discriminatory care, services, and access to treatment, regardless of race, religion, gender, ethnicity, sexual orientation, age, or disability.
5. Privacy in my treatment.
6. Communicate with APS staff and providers in a language I understand. If necessary, interpretation services will be provided, free of charge to me.
7. A candid discussion of all services available or that might be appropriate regardless of whether those services are covered by my benefits. I have the right to know my treatment options regardless of the cost and whether they are covered services.
8. Be provided with and involved in the development of a plan for my treatment that is individualized to me.
9. Be fully informed of any rules and regulations that may govern my participation in treatment. (i.e., Whether I can be charged if I do not attend my appointment or whether I have to pay any costs in addition to that covered by my benefits.)
10. Be fully informed about any procedures, medications, including the benefits and risks, and any research projects that I may be involved in before they are started.
11. Refuse any treatment without losing access to other services to the extent permitted by law, and to be informed of the consequences of this refusal. However, my provider has the right to discontinue treatment with me if he/she feels that my refusal of treatment make reasonable and responsible treatment impossible.
12. Continuous care with the same provider(s) as long as I remain eligible for services. If it becomes necessary to transfer my care to another provider, I will be given advance notice including the reasons for transfer, any alternatives, and a plan for the transfer unless an emergency situation exists.
13. Voice my opinions, recommendations, complaints or appeals to APS about their policies, decisions, their enrollee rights and responsibilities statement and policy, or my care without fear of discrimination or reprisal.
14. Be free from physical, chemical and mental abuse in the course of my treatment.
15. Confidential treatment of my treatment records. Any information from my records will not be released without my prior consent, except in an emergency, or as required by law.
16. Refuse to perform any services for any program where I am receiving treatment, unless they are a part of my treatment plan.
17. Request the opinion of a consultant at my own expense.
18. Receive information about the processes that APS uses to make decisions about whether my care will be covered, benefit plan eligibility, benefit plan services included and excluded, co-payments, the providers who are available for my care, preventive health programs available, and how to file a claim and appeal.
19. File an appeal with APS or the appropriate governmental agency when a decision has been made to deny treatment and that a doctor who was not involved in the original decision review my request for an appeal.
20. The appropriate assessment and management of any pain that I experience.

**ENROLLEE RESPONSIBILITIES**

I have the responsibility to:

1. Provide, to the extent possible, information that APS and its practitioners and providers need in order to care for me.
2. Follow the plans and instructions for care that I have agreed upon with my practitioner(s).
3. Participate, to the degree possible, in understanding my behavioral health problems and to work with my practitioner or provider to develop mutually agreed-upon treatment goals.
4. Follow the terms of my benefit plan.