



**HEALTH SHARE OF OREGON  
TRI-COUNTY BEHAVIORAL HEALTH  
MEMBER RIGHTS AND RESPONSIBILITIES**

**Clackamas, Multnomah,  
Washington Behavioral  
Health Network**

**MEMBERS have the Right to:**

1. Choose from available services and supports that are in your service plan. Services are culturally competent, and are given in the community. To get help with social support services from providers who understand your culture anywhere in the state of Oregon.
2. Services that don't interfere with your life and provide for the greatest degree of independence.
3. Choose a mental health provider and make changes as needed within Health Share rules. Refer yourself to a provider for Covered Services without first having to get approval from another provider. You may need authorization from your Health Share Behavioral Health plan for higher level services.
4. Get preventive medically appropriate services covered in your behavioral health plan or receive a referral for specialty providers for appropriate services. Get emergency mental health care 24 hours a day, 7 days a week.
5. Give informed consent in writing before the start of services, except in a medical emergency or as otherwise allowed by law. You can refuse services and be told the consequences of that decision, unless those services were ordered by a court.
6. Make a declaration for mental health treatment, when legally an adult.
7. Get written materials about rights, responsibilities, and benefits. Get written directions about how to access services, and what to do in an emergency. Get these materials, and all other written materials explained in a way that you understand. To be told how your providers work together to provide your care.
8. Be told about covered and non-covered services. Get information on outcomes and risks of proposed services and supports so you can make an informed decision.
9. Get services you need to diagnose you or your child's condition and get information about those conditions.
10. To get the kind of care that you expect and deserve as approved by your provider(s), have a stable team of providers who can help you with your care needs, and stay out of the hospital and get your mental health care in a comfortable place. You are also able to get a free second opinion.
11. Take part in the development of a written service plan. Get services consistent with that plan. Take part in periodic review of service and support needs. Get a written copy of the plan.
12. Talk to a provider and expect that what you say will be kept confidential. You can also trust that the information in your medical record will be kept confidential, except when the law requires otherwise.
13. Have a health record that includes your conditions, services received, and any referrals made for services. You can inspect that record. You can also have the record transferred to another provider. Ask to have your medical record corrected if information is wrong.
14. Get information about how your health information may be used and shared, and if it is, you can get a report explaining why and how.
15. Give your permission for the release of your clinical information to those you choose to share with.
16. Receive notice that your appointment is cancelled in a timely manner.
17. Receive a notice of before services end or get transferred. This notice will not be provided if the situation causing services to end or be transferred creates threat to health and safety. You can also ask for a hearing with the Oregon Health Authority if you disagree.
18. Get a written notice if services you or your provider requested are denied. Get a written notice if a change of service level happens that you do not agree with.
19. For youth under age 18 to have equal access to services and facilities consistent with obligations under ORS 417.270. Children can use all of the rights set forth in ORS 109.610 through 109.697, and children in Oregon DHS Child Protective services can use all of the rights set forth in ORS 426.385.
20. Be informed of the policies and procedures of the agency providing services. Be informed, about service agreements and fees for services. Have a custodial parent, guardian, or representative help with understanding any information presented.
21. Have friends, family members (including parents of minors receiving services), or advocates with you during appointments. They can be with you at other times as needed (and as appropriate). They can be with you during service planning and delivery.
22. Get free interpreter/translation services and staff who speak the same language as you. To get information in a way that is easy for you to understand, including other languages, Braille, large print, or electronically. If you have Medicare because of a disability, we will give you benefit information in the way that is best for you.
23. Be informed about your rights at the start of services, and periodically thereafter. You can exercise all of your rights described in this rule without any form of punishment.
24. Be treated with dignity and respect, free from discrimination in getting benefits and services. To have religious freedom. You have the right to get treatment in the same way as other people seeking treatment and using other insurance benefits. Not take part in experimental treatments. Get medicine specific to your needs.
25. Be free from abuse or neglect. Have the right to report any abuse or neglect by a service provider without being subject to retaliation.
26. Be free from seclusion and restraint, except as noted in the Oregon Administrative Rule.
27. File complaints and grievances and get a response to them. You can appeal decisions resulting from a grievance. You can ask for a hearing with the Oregon Health Authority.
28. To sign advance directive forms, such as a living will or power of attorney. These forms explain the care you want or don't want if you cannot make decisions for yourself about your medical, surgical, substance abuse, or behavioral care.
29. To get information about Health Share providers and services and your member rights and responsibilities. You can also give suggestions about the rights and responsibilities policy and you can ask your provider or Health Share about your rights. If you think your rights are being denied, you can file a complaint with your provider or insurance company, or file a complaint with the Client Services Unit of the Division of Medical Assistance Programs by calling 1-800-273-0557 or TTY 1-503-378-6791.
30. To get information about a provider's professional training by calling Customer Service. You can also get information on how Health Share and the plans work.

**MEMBERS have the RESPONSIBILITY to:**

1. Choose a Coordinated Care Organization. Choose a mental health provider.
2. Help your provider get your past mental health records or fill out new forms.
3. Honestly share concerns about your mental health needs. Give accurate information to your provider(s).
4. Ask questions about things that are not clear, including diagnosed condition(s) and treatment(s).
5. Help develop a service plan with your provider, or allow a friend or family member to do it for you. You can approve the plan before it starts, and follow the agreed upon plan.
6. Use information from providers to make good decisions about your treatment before it starts.
7. Treat provider(s) and Health Share of Oregon Behavioral Health plan staff with respect and courtesy.
8. Keep appointments and be on time. Call provider when you are late or can't keep the appointment.
9. Tell your providers that you have a Health Share of Oregon Behavioral Health plan before you start services.
10. Bring DMAP Medical Care ID whenever care is needed. Tell your provider of any other insurance you have.
11. Tell your Health Share Oregon Behavioral Health plan when there are any 3<sup>rd</sup> party resources that can pay for your services.
12. Pay your monthly OHP Premium on time if required. Pay for any treatments or services that are not covered. You can find more information at OAR 410-120-1200 and OAR 410-120-1280.
13. Use selected provider for mental health needs. In an emergency, services from someone else may be needed.
14. Let your Health Share of Oregon Behavioral Health plan know within three days if emergency mental health services were used while you or your child were out of the area.
15. Tell your Health Share of Oregon Behavioral Health plan and your providers if you change your address, phone number, family make-up, or living arrangements.
16. Bring any issues, complaints or grievances to your Health Share of Oregon Behavioral Health plan when needed.
17. Sign releases to respond to an administrative hearing request, if you need one.
18. Contact member services for your Health Share of Oregon Behavioral Health plan if you have questions about the referral process to specialty Mental Health Providers.

**THESE RIGHTS AND RESPONSIBILITIES MAY ALSO BE REQUESTED IN ALTERNATIVE FORMATS,  
INCLUDING OTHER LANGUAGES, BRAILLE, LARGE PRINT, AND ELECTRONICALLY.**