

OHP client rights

- To be treated with dignity and respect
- To be treated by providers the same as other people seeking health care benefits to which you are entitled
- To obtain covered substance abuse treatment, family planning, or related services without a referral
- To have a friend, family member, or advocate present during appointments and at other times as needed within clinical guidelines
- To be actively involved in the development of your treatment plan
- To receive information about your condition and covered and non-covered services, to allow an informed decision about proposed treatment(s)
- To consent to treatment or refuse services and be told the consequences of that decision, except for court-ordered services
- To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency
- To receive written materials explained in a manner that is understandable to you
- To receive necessary and reasonable services to diagnose the presenting condition
- To receive covered services under the OHP which meet generally accepted standards of practice and are medically appropriate
- To obtain covered preventive services
- To receive a referral to specialty providers for medically appropriate, covered services
- To have a clinical record maintained which documents conditions, services received and referrals made.
- To have access to your own clinical record, unless restricted by statute
- To transfer a copy of your clinical record to another provider
- To make a statement of wishes for treatment (Advance Directive) and obtain a power of attorney for health care
- To receive written notice before a denial of, or change in, a service level or benefit is made, unless such notice is not required by federal or state regulations
- To know how to make a complaint, grievance or appeal and receive a response
- To request an Administrative Hearing with the Department of Human Services
- To receive a notice of an appointment cancellation in a timely manner.
- To receive adequate notice of DHS privacy practices

Managed care member rights

In addition to the rights shown on page 26, as a member of a managed care plan, you also have the right to:

- Select or change your primary care provider (PCP).
- Have the plan's written materials explained in a manner that is understandable.
- Know how to make a complaint with the plan and receive a response from the plan.

Client access to clinical records

An OHP client may have access to his or her own clinical records. A client may also ask to have his or her medical records corrected.

For clients in managed care, plans and their providers must provide copies within ten working days of the request from the member. Plans and their providers may charge the DMAP member reasonable copying costs.

Problems with your health care services

If you have a complaint about the way you were treated at a health care appointment (such as staff rudeness or unresolved billing), choose one of the following:

- Call your managed care plan at the number shown on your Medical Care Identification.
- Call the Client Advisory Services Unit at 1-800-273-0557 (TTY 1-800-375-2863) to discuss your problem.
- Fill out an OHP complaint form (OHP 3001). You can get this form from the DMAP Client Advisory Services Unit, from your worker or on the DHS Web site: <<http://dhsforms.hr.state.or.us/Forms/Served/HE3001.pdf>>. Your plans also have complaint forms.
- See also your Hearing Rights on page 36.