

# Member Rights and Responsibilities Disclosure

## Personal Information

Name:

Member ID:

## Rights

- Right to receive information about your benefits and coverage.
- Right to respectful and considerate service.
- Right to privacy and confidentiality regarding your healthcare.
- Right to participate in decision-making about your care.

## Responsibilities

- Provide accurate information as needed.
- Follow the agreed-upon treatment plans.
- Respect the rights of other members and staff.
- Report any changes in contact or insurance information promptly.

## Acknowledgment

I have read and understand my rights and responsibilities as a member.

Signature:

Date:

**Submit**