

Your Rights as a Participant

As a participant in LIFE you have the following rights:

- To have this Enrollment Agreement, all treatments and treatment options fully discussed and explained to you in a language you understand (which includes Braille if necessary).
- To be fully informed in writing in a language you understand, (which includes Braille if necessary) prior to and at the time of enrollment (as well as during participation) of the services available at the Center and in the program.
- To not be required to perform services for LIFE.
- To be fully informed of rights and responsibilities as a participant in LIFE and to exercise your rights as a participant. This may include voicing grievances and recommending changes in policies and services to Center staff and outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by the Center or its staff.
- To be fully informed of the appeal process, and be provided, by LIFE staff, any assistance needed to file an appeal, as outlined in LIFE's appeal process.
- To be fully informed by the health team of your health and functional status.
- To participate in the development and implementation of your service plan designed to promote your functional ability to the optimal level and to encourage your independence. The health team must agree upon these services.
- To choose your health care provider from LIFE's contracted network.
- To request a qualified specialist for women's health.
- To access emergency services without prior approval.
- To request reassessment by the health team.
- To be given advance notice, in writing, of any transfer to another treatment setting.
- To receive information on advance directives and assistance in completing forms to carry out your wishes.
- To receive treatment and rehabilitation services.
- To be treated with dignity and respect, and be afforded privacy, confidentiality and humane care.
- To receive services in a culturally competent manner even if you have limited English language skills and a diverse cultural and ethnic background.
- To be free from harm, corporal punishment, unnecessary physical or chemical restraints, involuntary seclusion, physical or mental abuse or neglect.
- To be free from hazardous procedures.
- To have reasonable access to telephones.
- To be assured of confidential treatment of all information contained in your health record, including information contained in any automated data bank. We will require your written consent or authorization for the release of information to persons not otherwise authorized under law to receive it. You may provide written consent or authorization, which limits the degree of information and the persons to whom information may be given.
- To review your own records and to request and receive a copy of your medical records and to request that they be amended or corrected.
- To refuse treatment and be informed of the consequences of such refusal.
- To receive competent, considerate, respectful care from LIFE staff and contractors without regard to race, religion, color, age, sex, source of payment, national origin, sexual orientation or disability.

- To receive comprehensive health care in a safe and clean environment, and in an accessible manner.
- To be able to examine the results of the most recent review of LIFE conducted by the state and federal government.
- To end your participation in LIFE at any time subject to the terms of this agreement.

Participant and Caregiver Responsibilities

Participants and caregivers have the following responsibilities:

- Accept help from LIFE staff without regard to race, religion, color, age, sex, national origin or disability of the care provider.
 - Keep appointments or notify LIFE if an appointment cannot be kept.
 - Supply accurate and complete information to LIFE staff.
 - Authorize LIFE to obtain and use records and information from hospitals, residential health care facilities, home health agencies, physicians and other practitioners who treat you.
 - Authorize LIFE to disclose and exchange personal information with the federal and state government and their agents during reviews.
 - Actively participate in care plan development.
 - Inform LIFE of all health insurance coverage and notify LIFE promptly of any changes in that coverage.
 - Cooperate with LIFE in billing for and collecting applicable fees from third party payers.
 - Notify the County Assistance Office of the Department of Human Services and your LIFE social worker within 7 days of any changes in your income and assets. Assets include bank accounts, cash in hand, certificates of deposit, stocks, life insurance policies and any other assets. The state operates a fraud control program under which local, state, and federal officials may verify the information you have given.
 - Ask questions and request further information regarding anything you do not understand.
 - Use LIFE designated providers for services included in the benefit package.
 - Assist in developing and maintaining a safe environment for you, your family and your caregivers.
 - Notify LIFE promptly of any change in address or lengthy absence from the area.
- Notice should be mailed to our office at 401 Broad Street, Johnstown, Pa 15906
- Comply with all policies of the program as noted in this Enrollment Agreement.
 - Cooperate in implementation of the care plan.
 - Take prescribed medicines.
 - If you get sick or injured, call LIFE for direction right away at (724) 838-8300.
 - In case of emergency, call 911.
 - If emergency services are required elsewhere or out of the service area, you must notify LIFE within forty-eight hours or as soon as reasonably possible.
 - Notify LIFE in writing prior to disenrolling.
 - Pay required monthly fees, if applicable.