



## LifeCircles PACE Participant Bill of Rights

At LifeCircles we provide you with quality health care services so you may remain as independent as possible. Our staff is committed to treating each participant with dignity and respect and ensuring that all participants are involved in planning for their care and treatment.

As a LifeCircles participant, you have the following rights:

### YOU HAVE THE RIGHT TO BE TREATED WITH RESPECT.

You always have the right to be treated with dignity and respect, have all your medical information kept private and confidential, and be provided compassionate, considerate care. You also have the right to:

- Receive all your health care in a safe, clean environment.
- Be free from harm, including physical or mental abuse, neglect, corporal punishment, excessive medications, physical punishment or being placed by yourself against your will.
- Be free from any physical or chemical restraint used on you for discipline or for the convenience of LifeCircles staff, that are not necessary to treat your medical symptoms or prevent injury.
- Be free from hazardous procedures.
- Receive treatment and rehabilitation services designed to promote your functional ability to the optimal level and encourage your independence.
- Receive care from professionally trained staff that has the education and experience to deliver the services for which they are responsible.
- Be ensured of auditory and visual privacy during all health care examinations or treatments.
- Be encouraged and assisted to use your rights in LifeCircles.
- Get help, if you need it, using the Medicare and Medicaid complaint and appeal processes, and your civil and legal rights.
- Be encouraged and assisted in talking to LifeCircles PACE staff about changes in policy and services you think should be made.
- Use a telephone while at the PACE center, make and receive confidential calls, and/or have such calls made for you, if necessary.
- Not have to do work or perform services for LifeCircles.



**YOU HAVE A RIGHT TO PROTECTION AGAINST DISCRIMINATION.**

Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. You cannot be discriminated against by LifeCircles or any of their contractors because of your:

- Race
- Ethnicity
- National origin
- Religion
- Sex
- Age
- Sexual orientation
- Mental or physical ability
- Source of payment for your health care (for example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at LifeCircles to help you resolve your problem.

If you have any questions, you can call or write to:

Office for Civil Rights  
U.S. Department of  
Services

Health and Human Services  
233 N. Michigan Ave. Suite 240  
Chicago, IL 60601  
1-800-368-1019  
1-800-537-7697 (TTY)

Office of Recipient Rights

Michigan Department of Health and Human  
Lewis Cass Building  
320 South Walnut St.  
Lansing, MI 48913  
1-800-854-9090

**YOU HAVE A RIGHT TO INFORMATION AND ASSISTANCE.**

You have the right to get accurate, easy to understand information and have someone help you make informed health care decisions. You also have the right to:

- Have someone help you if you have a language or communication barrier so you can understand all information given to you.



- Have someone interpret all information given to you, in your preferred language and in a culturally competent manner if your first language is not English or you cannot speak English well enough to understand the information given to you.
- Have the Enrollment Agreement and your participant rights discussed fully and explained to you in a manner you understand.
- Receive marketing material in English and any other frequently used language in your community. You also can get these materials in Braille, if necessary.
- Get a written copy of your participant rights from LifeCircles. LifeCircles will also post these rights in a public place in the PACE Center where it is easy to see them.
- Be fully informed, in writing, of the services offered by LifeCircles. This includes telling you which services are provided by contractors instead of the PACE staff. You will be given this information before you join LifeCircles, at the time you join and when there is a change in services.
- To be provided with a copy of individuals who provide care-related services not provided directly by LifeCircles, upon request.
- Review the results of the most recent state and/or federal inspection of LifeCircles. Federal and state agencies review all PACE programs. You also have a right to review how LifeCircles plans to correct any problems that are found at inspection.

### YOU HAVE A RIGHT TO A CHOICE OF PROVIDERS.

- You have the right to choose a health care provider within the LifeCircles network and to get quality health care.
- You have the right to have reasonable and timely access to specialists as indicated by your health condition.



- Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.
- You have the right to receive necessary care across all care settings, including placement in long term care facility.

### YOU HAVE A RIGHT TO ACCESS EMERGENCY SERVICES.

You have the right to access emergency services when and where you need them without LifeCircles' s approval. You have the right to access emergency health care services when and where the need arises without prior authorization from your interdisciplinary team or any LifeCircle's staff member. You can get emergency care anywhere in the United States.

### YOU HAVE A RIGHT TO PARTICIPATE IN TREATMENT DECISIONS.

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right to:

- Have all treatment options explained to you in a language you understand, be fully informed of your health status, and make health care decisions.
- Be informed of all treatment prescribed, including your health and functional status, by the interdisciplinary team prior to being treated, when and how services will be provided, and the names and functions of people providing your care.
- Refuse treatment or medications. If you choose not to get treatment, you must be told how this will affect your health.
- Be assured that decisions regarding your care will be made in an ethical manner.



- Be assured that you and your family will be taught about an illness affecting you so that you can help yourself, and your family can understand your illness and help you.
- Receive information on advance directives and have LifeCircles help you create an advance directive. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak or act for yourself.
- Participate in making and carrying out your plan of care, which will be designed to promote your functional ability to the highest level and encourage your independence. You can ask for your plan of care to be reviewed at any time. You can also request a reassessment by the interdisciplinary team at any time.
- Be given advance notice, in writing, of any plan to move you to another treatment setting, and the reason you are being moved. LifeCircles must document the reason for your move in your medical record.

### YOU HAVE A RIGHT TO HAVE YOUR HEALTH INFORMATION KEPT PRIVATE.

There is a new patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule you may call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have the right to:

- Talk with health care providers in private and have your personal health care information kept private and confidential as protected under state and federal laws.
- Be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive your information.



- Review and receive copies of your medical records and request amendments to those records.
- Be assured that all information contained in your health record will be held in confidence, including information contained in any automated data bank. LifeCircles will require your written consent for the release of information to persons not otherwise authorized under law to receive it. You may provide written consent, which limits the degree of information and the persons to whom information may be given.

### YOU HAVE A RIGHT TO FILE A COMPLAINT.

You have a right to complain about the services you receive, or that you need and do not receive, about the quality of care, or any other concerns or problems you have with LifeCircles. You have the right to a fair and timely process for resolving concerns with LifeCircles. You have the right to:

- A full explanation of the grievance and appeals process which includes a rigorous system for internal review by LifeCircles and an independent system of external review.
- Be encouraged and helped to freely explain your complaints to PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened or discriminated against.
- Appeal any treatment decision by LifeCircles, staff, or contractors.
- You have the right to contact 1-800-MEDICARE for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.
- Request services from the PACE organization that you believe are necessary.
- A comprehensive and timely process for determining whether those services should be provided.



- Appeal any denial of a service or treatment decision by the PACE program, staff, or contractors.

**YOU HAVE A RIGHT TO LEAVE THE PROGRAM.**

If, for any reason, you do not feel LifeCircles is what you want, you have the right to leave the program (disenroll) at any time for any reason. Please notify any LifeCircles staff member if you wish to disenroll from LifeCircles.

If you feel any of your rights have been violated, please report them immediately to your social worker or call our office during regular business hours at 231-733- 8686.

**ADDITIONAL HELP:**

If you have complaints about LifeCircles PACE program, think your rights have been violated, or want to talk with someone outside LifeCircles PACE program about your concerns, call 1-800-MEDICARE or 1-800-633-4227 to get the name and phone number of someone in your State Administering Agency.