

APS HEALTHCARE (APS) DISEASE MANAGEMENT, WYOMING HEALTHY TOGETHER PARTICIPANT RIGHTS AND RESPONSIBILITIES

Disease Management (DM):

- Empowers participants to be involved in self-care
- Empowers the prevention of disease complications
- Identifies individuals with certain conditions
- Supports the physician/patient relationship



PARTICIPANT RIGHTS

I have the right to:

1. Get information about APS services and DM programs.
2. Get the names and contact information of APS staff that I talk to. I can also ask to talk with their supervisors.
3. Privacy of my healthcare information. APS will only use my records for DM. APS can only release my records in accordance with State and Federal laws.
4. Be treated with dignity and respect.
5. Be treated as an individual.
6. Get services regardless of my:
 - Race
 - Ethnicity
 - National Origin
 - Religion
 - Gender
 - Marital Status
 - Sexual preference
 - Age
 - Disability
 - Or any other legally protected status
7. Be involved in making decisions about my health, as allowed by law, a family or guardian can represent me.
8. Speak with APS in my own language. If need be, APS will get me a translator for free.
9. Be told the rules, limits and reasons for participating in a DM program.
10. Be informed of the process uses to select people for the DM programs. This includes all clinical and non-clinical decisions.
11. Choose not to be in a DM program. If participating, I can quit at any time.
12. An honest talk about all DM services that might help me.
13. Be informed of future health benefits from DM programs.
14. Be informed about preventative health programs.
15. Upon request, get a copy of my DM goals.
16. Know if my DM program changes or ends.
17. Complain about APS' policies, including my rights and responsibilities, and to state my opinion without fear of punishment.

PARTICIPANT RESPONSIBILITIES

I have the responsibility to:

1. Give APS and my treating provider(s) the information they need to provide me with DM services.
2. Follow my DM self-care plan based on my treating provider(s) orders.
3. Work with APS and my treating provider(s) to meet my health goals.
4. Understand my health problems as much as I can,
5. Notify my treating provider(s) of my involvement in APS' DM programs.
6. Give accurate clinical and contact information to APS and notify them of any changes in this information.