

RIGHTS AND RESPONSIBILITIES

As a participant of the Interwell 360 Program, you have the rights and responsibilities listed below. Our care team will work with you and your care partner(s) to meet your needs and provide you with the highest-quality care.

If you have any questions about your rights and responsibilities, you can reach us at **1-888-233-9499** (TTY 711), 9 a.m.–8 p.m. ET, Monday–Friday.

You have the right to:

- Receive information that is easy to understand.
- Understand the program, the services offered, and the care team members' qualifications.
- Understand which care team members are responsible for managing your care and whom to contact to request a change.
- Have an interpreter if you cannot hear or understand your care team and request written materials in your preferred language (English or Spanish).
- Be informed about your care and have the opportunity to participate in all aspects of your care.
- Involve family members or care partner(s) in making decisions about your care.
- Be informed about the care and treatment options available to you and have the right to change your options based on discussions with your care team and doctor, even if those services are not covered.
- Be informed of any programs or services that have access to your personal information and how your information is kept confidential and secure.
- Privacy and confidentiality of the information that is discussed, gathered, documented, and shared as part of the Interwell 360 Program, including but not limited to personal identifiable data and medical information.
- Be treated with dignity, courtesy, and respect with full recognition of your individuality and personal needs.
- Be protected from discrimination and/or harassment based on race, color, national origin, sexual orientation, gender identity, disability, age, sex, or religion.

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- Decline participation or opt out of the program or any services offered through the program by calling **1-888-233-9499** (TTY 711), 9 a.m.-8 p.m. ET, Monday-Friday.
- Understand how to make a complaint—verbally or in writing. All complaints will be researched and responded to in less than 30 days. If you would like to file a complaint, you can:
 1. Call **1-888-233-9499** (TTY 711), 9 a.m.-8 p.m. ET, Monday-Friday.
 2. Mail the Interwell 360 Program: **P.O. Box 1493, Portsmouth, NH 03802**

You have the responsibility to:

- Actively participate in the Interwell 360 Program.
- Inform your care team which family members or care partner(s) you would like to be involved in your care.
- Inform the care team if you have had health problems and provide updated health information as appropriate.
- Notify your care team of any changes to your address, contact information, or insurance coverage.
- Follow your care plan to the best of your ability.
- Tell your care team if you do not understand your care plan or any instructions.
- Tell your care team if something does not feel safe and/or right. If you have a medically urgent need, please reach out to your doctor. If you have a medical emergency, call 911 immediately.
- Notify your care team if you wish to disenroll or opt out of the program.

Remember: By taking advantage of your rights and fulfilling your responsibilities, you'll feel more in charge of your health and live well with kidney disease.