



Consent Process for Case Management Enrollment and Intervention

Plan Member Name: _____ Employer Name: _____
 Name of Plan Subscriber: _____ Group ID #: _____
 Address: _____ Member ID #: _____
 City, State: _____ Zip: _____

I consent to allow AmeriHealth Administrators to:

- Enroll me into the Case Management Program.
- Contact hospital staff, doctors, therapists, etc. for information needed to assist in developing and implementing my plan of care or claims processing.

I can revoke this consent at any time and for any reason.

I am the adult member/enrollee or am legally authorized to sign this form for this member/enrollee.

I understand that I (or my legal representative) have the right to revoke this consent at any time.

I have read or have been read this consent form (or my legal representative has read it) and I (or my legal representative) understand(s) the information in this consent form.

PLEASE SIGN AND COMPLETE THE INFORMATION BELOW

By entering your name and checking the box below, you agree to enroll in the Case Management program and acknowledge reviewing the information on this consent form including the Plan Members Right and Responsibilities.

Member

Name: _____ I agree

Date: _____

Enrollee/Enrollee's Legal Representative*

Name: _____ I agree

Date: _____

Legal representative's authority:

- Power of attorney for health care decisions
- Custodial order
- Executor of estate
- Other: _____

Phone: _____

Witness: _____

*Valid legal documentation must be provided or be on file with AmeriHealth Administrators whenever the Legal Representative is the Member/Enrollee's guardian, power of attorney, or executor/administrators, or had official authority as a result of a court order.

Please send complete form to:
 AmeriHealth Administrators
 Patient Care Management
 720 Blair Mill Road, Horsham, PA 19044



Consent Process for Case Management Enrollment and Intervention

PLAN MEMBER RIGHTS AND RESPONSIBILITIES IN CASE MANAGEMENT

Plan Member Rights

As a plan member, you have the right to:

- Respectful treatment
- Recognition of your dignity and right to privacy
- Information about the program and the reason for your selection in it
- Whenever possible, the same Case Manager to support and assist you over time
- Confidential treatment of your personal health information (PHI)
- Upon request, an explanation of how the program may share your PHI with other entities
- Access to your medical record according to applicable federal and state laws
- Input to decisions about your case management plan. This includes candid discussions of appropriate and medically necessary treatment options, regardless of cost or benefit coverage.
- Reasonable access to medical services
- Health care services performed without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation, national origin, or source of payment
- Use of Advanced Directives
- Means to voice complaints and appeals about the health benefits plan or health care provider
- A timely response to questions or complaints
- To refuse Case Management services, and to be told the implications of such refusal
- To obtain information, at your request, regarding closure of Case Management services
- To receive notification and a rationale when services are changed or terminated
- Alternate approaches when you or your family is unable to fully participate in the assessment phase

If you have complaints or need to file an appeal about Case Management services, please call 1-800-952-3404.

Member Responsibilities

As a plan member, you are responsible to:

- Review all benefit and membership materials carefully
- Follow the requirements and procedures of the health benefits plan
- Give practitioners as much information as possible to help them care for you
- Participate in setting appropriate goals with your Case Manager and health care providers
- Follow the plans and instructions for care that you agree to with your practitioners
- Consider possible consequences of not complying with recommended treatment
- Ask questions to be sure you understand your practitioner's explanations and instructions
- Treat others with the same respect and courtesy expected for plan members
- Keep appointments or give adequate notice if you must delay or cancel them
- Notify your Case Manager if you will not participate in the Case Management program