LASCMA CLIENTS' RIGHTS & RESPONSIBILITIES

THESE RIGHTS AND RESPONSIBILITIES ARE INTENDED TO HELP UPHOLD THE QUALITY OF CARE AND SERVICES WE OFFER OUR CLIENTS.

LASCMA CLIENTS HAVE THE RIGHT TO:

- BE TREATED WITH RESPECT & DIGNITY BY STAFF, PHYSICIANS & OTHER HEALTH CARE PROFESSIONALS AFFILIATED WITH LASCMA.
- PRIVACY AND CONFIDENTIALITY FOR TREATMENTS, TESTS OR PROCEDURES RECEIVED.
- VOICE CONCERNS ABOUT THE SERVICE AND CARE THEY RECEIVE AND TO REGISTER COMPLAINTS AND APPEALS

CONCERNING THEIR HEALTH PLAN OR THE CARE PROVIDED.

- RECEIVE TIMELY RESPONSES TO THEIR CONCERNS.
- PARTICIPATE IN A CANDID DISCUSSION OF APPROPRIATE AND MEDICALLY NECESSARY TREATMENT OPTIONS FOR A CONDITION, REGARDLESS OF COST OR BENEFIT COVERAGE.
- BE PROVIDED WITH ACCESS TO PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS.
- PARTICIPATE WITH THEIR DOCTOR OR ANY LASCMA AFFILIATED PHYSICIAN AND/OR HEALTH PROFESSIONAL IN DECISIONS ABOUT THEIR CARE AND ANTICIPATED DIAGNOSTIC OR THERAPEUTIC MODALITIES.
- MAKE RECOMMENDATIONS REGARDING LASCMA'S CLIENTS' RIGHTS AND RESPONSIBILITIES POLICIES.
- BE INFORMED OF, AND REFUSE TO PARTICIPATE IN, AS WELL AS DECIDE TO WITHDRAW AT ANY TIME FROM AN LASCMA RESEARCH STUDY PROTOCOL INVOLVING AN EXPERIMENTAL TREATMENT OR NON-FDA APPROVED DIAGNOSTIC TECHNOLOGY.
- HAVE COVERAGE DECISIONS AND CLAIMS PROCESSED ACCORDING TO REGULATORY STANDARDS.
- CHOOSE AN ADVANCE DIRECTIVE TO DESIGNATE THE KIND OF CARE THEY WISH TO RECEIVE SHOULD THEY BE UNABLE TO EXPRESS THEIR OWN WISHES.

LASCMA CLIENTS HAVE THE RESPONSIBILITY TO:

- KNOW AND CONFIRM THEIR BENEFITS BEFORE RECEIVING TREATMENT.
- CONTACT AN APPROPRIATE HEALTH CARE PROFESSIONAL WHEN THEY HAVE A MEDICAL NEED OR CONCERN. THE NEED MAY BE TRIAGED BY AN LASCMA STAFF MEMBER WHO MAY THEN RECOMMEND ONE OF THREE OPTIONS: (1) IMMEDIATE REFERRAL TO AN ER, (2) SCHEDULING AN URGENT OR REGULAR MEDICAL APPOINTMENT WITH THE DOCTOR AS WELL AS PROVIDE THE OPTION OF AN ON-LINE CONSULT (FOR NON-URGENT MEDICAL ISSUES BY CLIENTS PREVIOUSLY SEEN) OR (3) DEFER A FIRM RECOMMENDATION UNTIL CONSULTING WITH THE DOCTOR. A CALL BACK BY THE DOCTOR OR THE LASCMA STAFF MEMBER WOULD BE PROMPTLY RETURNED AS SOON AS POSSIBLE.
- HAVE THEIR PERSONAL IDENTIFICATION CARD AND HEALTH-INSURANCE CARDS READILY AVAILABLE AT THE TIME OF SERVICE
- NOTIFY US BEFORE THEIR SCHEDULED VISIT OF A CHANGE IN ADDRESS, FAMILY STATUS OR OTHER COVERAGE INFORMATION. ANY SUCH CHANGE SHOULD SUBMITTED AT LEAST 3-5 DAYS PRIOR TO THE APPOINTMENT BY WAY OF TELEPHONE, FAX OR CONVENIENTLY ON-LINE AT LASCMA'S FULL SERVICE WEBSITE, <u>WWW.LASCMA.COM</u>. BY COMPLETING AND SECURELY TRANSMITTING A "CHANGE IN MEDICAL INFORMATION FORM" ON OUR INDUSTRY STANDARD, SSL ENCRYPTED SERVER, WE WILL RECEIVE AND PROCESS THIS INFORMATION IN A TIMELY MANNER BEFORE YOUR VISIT.
- PAY ANY NECESSARY CO-PAYMENTS AT THE TIME TREATMENT IS RECEIVED. OPTION OF SUBMITTING CO-PAYS BEFORE THE VISIT ONLINE VIA CREDIT CARD AT <u>WWW.LASCMA.COM</u> IS ALSO AVAILABLE.
- USE EMERGENCY ROOM SERVICES FOR INJURY OR ILLNESS THAT IN THE JUDGEMENT OF A REASONABLE PERSON, REQUIRES IMMEDIATE TREATMENT TO AVOID JEOPARDY TO LIFE OR HEALTH.
- KEEP SCHEDULED APPOINTMENTS AS PER THE LATEST REVISION OF LASCMA'S "CLIENT FINANCIAL POLICY" OF WHICH A COPY MAY BE OBTAINED AT THE OFFICE OR VIEWED DIRECTLY ON OUR WEBSITE AT <u>WWW.LASCMA.COM</u>.
- PROVIDE INFORMATION NEEDED FOR THEIR CARE. AGAIN, THEY MAY PROVIDE THIS INFORMATION AHEAD OF TIME BY COMPLETING A "PRE-VISIT" FORM, FOUND ON OUR WEBSITE AT <u>WWW.LASMA.COM</u>. INTERNET ACCESS AND USE OF MICROSOFT EXPLORER (AVAILABLE FOR FREE DOWNLOAD) IS NEEDED TO SECURELY SUBMIT CLIENTS' PERTINENT HEALTH INFORMATION TO US.
- PARTICIPATE IN UNDERSTANDING THEIR HEALTH PROBLEMS AND DEVELOPING MUTUALLY AGREED UPON TREATMENT GOALS.
- FOLLOW THE INSTRUCTIONS AND GUIDELINES AGREED UPON BY THEMSELVES AND THE DOCTOR OR ANY OTHER LASCMA PHYSICIAN / HEALTH CARE PROFESSIONAL DIRECTLY INVOLVED IN THEIR CARE.
- BE RESPONSIBLE FOR THE COSTS OF ANY SERVICES (AS PART OF A TREATMENT PLAN) PROVIDED BY THIRD PARTY VENDORS (NOT AFFILIATED WITH LASCMA) WHICH MAY NOT BE REIMBURSABLE BY THEIR HEALTH PLAN. RECOMMENDED READING FOR INFORMATION PERTAINING TO THIS TOPIC OR "ADVANCED BENEFICIARY NOTICES" (ABN) INCLUDES SEVERAL OF LASCMA'S OFFICE PAMPHLETS, LOCATED AT THE OFFICE OR ON-LINE AT <u>WWW.LASCMA.COM</u>.