

*Jane L. Hill LMHP*

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information:

- To treat others with dignity and respect
- To take your Nebraska Medicaid ID card to all appointments
- To learn about your mental health and substance abuse services and receive Magellan services from Magellan or a Magellan service provider
- To tell your service provider about symptoms and ask questions
- To be part of the treatment plan
- To tell your service provider if you do not agree with recommendations
- To tell your doctor or therapist if you want to end treatment

**YOUR RESPONSIBILITIES:**

- To tell your service provider about your medical doctor
  - To be at all appointment on time and to call ahead if you must cancel
  - To learn about Magellan procedures and follow them
  - To take medication as prescribed and to tell your doctor if there is a problem
  - To pay for any mental health or substance abuse services that are not covered under the Nebraska Medicaid Managed Care Program
  - To take part in Medicaid programs surveys
- To be treated with respect and dignity
  - To receive the behavioral services you need in a convenient place and at a time that works well for you
  - To ask for a therapist who understands your language and culture, or who speaks American Sign Language
  - To learn about the mental health and substance abuse services in your program
  - To get information about our illness and treatment
  - To receive information on available treatment options and alternatives
  - To request and receive information about Magellan
  - To choose an accessible service approved from Magellan's network
  - To change your service provider if you are unhappy with your current provider
  - Nebraska Medicaid enrollees have the following additional rights:
    - To be free from restraint or seclusion used as a means of coercion, convenience, or retaliation
    - To file an appeal or grievance about a Magellan action or decision
    - You can request a fair hearing from DHHS if you are not satisfied with the outcome of your appeal

**YOUR RIGHTS AS A NEBRASKA MEDICAID MAGELLAN MEMBER**

- To ask questions and get answers before and during treatment
- To refuse treatment and get an explanation of what may happen if you don't get treatment
- To make a grievance about your services and get a timely answer
- To ask for a fair hearing
- To privacy and confidentiality, including to allow or refuse the release of information, except when release is required by law
- To request and received copies of your records and request that records be amended or corrected
- To make Advanced Directive
- To freely exercise your rights without affecting how you're treated
- To get a second opinion when appropriate

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