



**BlueCross BlueShield
of Vermont**

Independent Licensees of the Blue Cross and Blue Shield Association.

Member's Rights and Responsibilities

Members have:

1. The right to be treated with respect and dignity.
2. The right to self-determination, including participation in developing one's own plan of care.
3. The right to privacy and confidentiality.
4. The right to have access to needed health and social services.
5. The right to be notified in writing of any changes in benefit determination related to services provided.
6. The right to refuse any portion of the care plan or case management services.
7. The right to withdraw from the process at any time.
8. The right to a grievance procedure in the event a member feels his or her rights have been violated, or he or she has been improperly treated without services being diminished or discontinued.
9. The right to end of life and advance care directive information when appropriate.
10. The right to receive notification, with explanation, when case management services are changed or terminated.
11. The right to obtain information regarding the criteria for case closure.
12. The right to receive a description of the rationale regarding selection for case management.

You have the responsibility to:

1. Provide honest, complete and accurate medical, social history and other pertinent information needed in order to provide a concise plan of treatment.
2. Comply with your primary care physician's plan of treatment.
3. Request additional information necessary to understand one's own plan of treatment and participate as much as one feels comfortable for self-determination.
4. Keep the case manager informed of any acute changes in the plan of treatment including physical, medical and social changes.
5. Adhere to the plan of treatment to the best of one's ability and voice difficulties so that the plan of treatment may be revised to meet one's individual needs.
6. Provide advance directive information if available.

**Please keep this page for your records.*



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Consent Form

I understand that by completing the *Better Beginnings*® Health Risk Assessment Questionnaire (HRA) I am enrolling in the *Better Beginnings*® program from Blue Cross and Blue Shield of Vermont (BCBSVT) and/or The Vermont Health Plan (TVHP).

I understand that the *Better Beginnings*® program may include communications between a *Better Beginnings*® nurse case manager, my physician, my midwife or other providers, and myself.

I understand that as a BCBSVT or TVHP member there is no additional cost for this program.

I understand that this is a voluntary program which is primarily educational and is not intended to replace any health care provided by my physician, midwife, or other providers.

I further understand that I may withdraw from the program at any time by contacting the *Better Beginnings*® case manager. If I withdraw from the program, I understand that my withdrawal will not affect disclosures BCBSVT and/or TVHP made to my certified nurse midwife or physician prior to my withdrawal and that my withdrawal from the program may result in the loss of benefits under the program.

I hereby authorize BCBSVT and/or TVHP to disclose my responses in the *Better Beginnings*® HRA to my certified nurse midwife, or physician for the purposes of determining my maternity benefits and identifying risks associated with my pregnancy. I further authorize BCBSVT and/or TVHP to communicate with my certified nurse midwife, physician, or other providers regarding my pregnancy and related health factors for the duration of my participation in the *Better Beginnings*® program.

This authorization shall expire the earlier of (1) 90 days after the arrival of the baby at home or (2) the date BCBSVT or TVHP receives notice of my withdrawal from the program.

Member Name:

Member Certificate or ID Number:

Signature: _____

Date Signed:

Our *Better Beginnings*® case managers are available Monday through Friday from 8 am to 4:30 pm; please list the day of the week, time of day, place, and phone number that is best for a case manager to reach you:

Day of week:

Phone Number:

Time of Day:

Place:

If you have questions about the *Better Beginnings*® program please call 1-800-922-8778 and select option one.