

**Family Practice Medical Group of San Bernardino, Inc.**  
**1369 East Highland Ave. San Bernardino, CA 92404**  
**(909) 883-8966 fax (909) 881-1480**

**Member Rights and Responsibilities Statement**

Family Practice Medical Group of San Bernardino, Inc. (hereafter FPMG) is committed to maintaining a mutually respectful relationship with our Members and at the same time we expect our Members to assume certain responsibilities. Your Member Rights and Responsibilities are described below. Your rights, our legal duties, and our privacy practices related to HIPPA are described in our *Notice of Privacy Practices*. You may request a paper copy of this document from your PCP or from this office at any time or from our website at [www.fpmgrp.org](http://www.fpmgrp.org).

**Member Rights** You have the right to:

- Receive information about FPMG, its services, its practitioners and providers, and your Member Rights and Responsibilities.
- Be treated with courtesy, respect, and with recognition of your dignity and right to privacy.
- Access services oral or written in a manner that is sensitive to your cultural &/or linguistic needs in (at minimum) the top 6 languages prevalent in our service area.
- Your privacy and to have your personal health information be kept secure and confidential.
- Participate with practitioners in decision-making regarding your health care.
- To be represented by parents, guardians, family members, or conservators if you are unable to participate in their treatment decisions.
- Unrestricted and candid discussion about appropriate or medically necessary treatment options available for your condition, regardless of the cost or your benefit coverage.
- Voice your grievances or complaints, written or verbal, about FPMG or the care you were provided. You may appeal any decision made relating to your care, your health plan benefits, and/or health plan services.
- Make written recommendations to FPMG regarding our Member Rights and Responsibilities policies. Your letter may be sent to:  
FPMG Quality Improvement Department  
Attn: Rights and Responsibilities  
1369 E. Highland Ave.  
San Bernardino, CA 92404

**Member Responsibilities**

In order to assist participating health care professionals and providers in meeting these responsibilities to you, it is your duty to:

- Supply identification, insurance information, and medical information, to the best of your ability, so that your health care professionals, providers, and your health plan may provide care to you.
- To the best of your ability, work with your providers to understand your health issues and to participate in developing mutually agreed-upon treatment goals.
- Follow the prescribed medical treatment plan and health care instructions that you have agreed upon with your doctor or other health care professional.
- Treat all health care professionals and staff with courtesy and respect.
- Keep scheduled appointments for care giving reasonable advance notice of postponement or cancellation.
- Read and understand, to the best of your ability, all materials concerning your health benefits and to ask for clarification as needed.