

## DWIHN Member Rights & Responsibilities Statement

We are committed to maintaining a mutually respectful relationship with our members and providers. DWIHN Member Rights and Responsibilities statement is provided to assist you in understanding and exercising your rights while assessing behavioral health care services in Detroit-Wayne County. This statement helps to minimize potential misunderstandings and promote compliance with all applicable statutory and regulatory requirements. Understanding your rights and responsibilities will help you to make informed decisions about your healthcare.

### Detroit Wayne Integrated Health Network

707 West Milwaukee St.  
Detroit, MI 48202  
www.dwihn.org

#### General Office

313.833.2500  
TTY: 711

#### Centralized Access Center 24-Hour Crisis/Information & Referral

Toll Free: 1.800.241.4949  
Local: 313.224.7000

#### DWIHN Crisis Call Center

1.844.462.7474  
24/7/365

#### DWIHN Mobile Crisis Unit

707 West Milwaukee St.  
Detroit, MI 48202  
1.844.462.7474

#### Customer Service, Consumer Affairs & Community Outreach

Toll Free: 1.888.490.9698  
Local: 313.833.3232

#### Grievances & Appeals

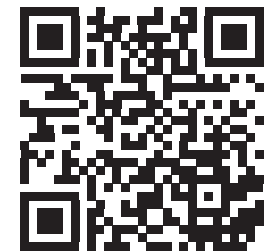
Toll Free: 1.888.490.9698  
Fax: 313.833.4150

#### Office of Recipient Rights

Toll Free: 1.888.339.5595  
Fax: 313.833.2043



# DWIHN Member Rights and Responsibilities Statement



## You have the right to:

- Receive information about DWIHN, its Services, its Practitioners, and Providers, and Your Rights and Responsibilities.
- Be treated with respect and recognition of your dignity and right to privacy.
- Participate with Practitioners in making decisions about your health care.
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage and to freely communicate with your providers and without restriction on any information regarding care.
- Voice complaints or appeals about DWIHN or the care provided.
- Make recommendations regarding DWIHN's Members' Rights and Responsibilities policy.
- Be informed of the availability of independent, external review of internal UM final determinations.
- Be offered an opportunity to request mediation to resolve a dispute.
- A Psychiatric Advance Directive.

## You have a responsibility to:

- Provide, to the best of your knowledge, accurate and complete information regarding your medical history, including: present and past illnesses, medications, hospitalizations, etc. to DWIHN and its Practitioners and Providers needed in order to care for you.
- Follow your treatment plan of care and instructions. The plan of care is to be agreed upon by you and your provider.
- Ask questions about your care. This will help you to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Follow all MDHHS procedures for the required annual Medicaid enrollment and inform DWIHN of any changes in insurance status.

## DWIHN has the responsibility to:

- Provide you with a written notice of any significant State and Provider network changes at least 30 days before the intended effective date of change.
- Make a good faith effort to give you a written notice of termination of your Service Provider within 15 days of receipt or issuance of a termination notice.

For additional information and a complete list of our Members' Rights and Responsibilities statement, you may contact Customer Service at **888.490.9698**.

## WELLNESS TOOLS FOR YOU

- Health management tools help you keep track of your health
- A secure tool to record your personal health information
- A free health & Wellness app **www.myStrength.com**;  
(Access code is: **DWIHNc**)