



Population Health Program Member Rights and Responsibilities

1. You have the right to have personally identifiable health information shared by the Population Health Program only in accordance with state and federal law.
2. You have the right to decline participation, revoke consent, dis-enroll or opt out at any point in time by emailing pophealth@corporatecaremgmt.com or calling the nurse directly.
3. You have the responsibility to give accurate clinical and contact information and to notify your employer, TPA, Broker or Health Plan of changes in this information.
4. You have the right to know about philosophy and characteristics of the Population Health Program.
5. You have the right to identify the staff member and their job title, and to speak with a supervisor of the staff member if requested.
6. You have the right to receive accurate information from the Population Health Program.
7. You have the right to receive administrative information regarding changes in or termination of the Population Health Program.
8. You have the responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
9. You are not required to notify your provider of your participation in the Population Health Program. However, we encourage you to share the letters we send to you with your provider to support your provider's care plan.

If you have any questions about our Population Health Program, we welcome you to contact us at:

Population Health Nurse
pophealth@corporatecaremgmt.com
1(800) 541-7403 ext 319