

Kaiser Permanente Member Resource Guide



Table of contents

Create your online account on kp.org	2
Choose your doctor – and change anytime	3
Getting care	4
Timely access to scheduled appointments	7
Getting your prescriptions.....	8
Managing chronic conditions (Northern California).....	10
Regional Complete Care Support Programs (Southern California)	11
Your immunization information	12
Accessing urgent care*	12
Protecting your privacy and security	14
Your rights and responsibilities.....	14
Policies and procedures	19
Guide for members with disabilities	28
Help in your language.....	30
Nondiscrimination Notice	35

The information in this guide is updated from time to time and is current as of November 2022. It is intended for members of commercial plans (through employer groups), individual plans, and private and public Exchange members. It is not intended for enrollees of Medicare Senior Advantage, Medi-Cal, or KPIC EPO plans. If you have questions about this guide, please call Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY), 24 hours a day, 7 days a week (closed holidays).

Create your online account on kp.org

If you haven't already, make sure to create your online account by going to kp.org/registernow or using the Kaiser Permanente app. You'll need your Medical Record Number to create your account, which you can find on your member ID card. You can also access your digital member ID card with the Kaiser Permanente app.

Once you've registered, you can securely access many timesaving tools and resources to help you manage the care you get at Kaiser Permanente facilities.

Visit kp.org anytime, from anywhere, to:

- View most lab results
- Email your Kaiser Permanente care team with nonurgent questions
- Refill most prescriptions
- Schedule routine appointments
- Manage a family member's health care¹
- Pay bills and estimate costs

Get inspired at kp.org

Our website also gives you access to many tools and tips for healthy living as well as recipes and articles on a wide range of health topics.

Go mobile

Download the Kaiser Permanente app from your preferred app site. If you already have an account on kp.org, you can use the same user ID and password to sign into the app.

In Northern California, you have 2 additional apps to help you manage care for you and your family – anytime, anywhere.

With the **My Doctor Online app**, you can:

- Schedule most appointments and join video visits²
- Get personalized health reminders
- Check doctor appointment reminders and details

With the **My KP Meds app**, you can:

- Create reminders to take medications at the right time
- Order most refills from your smartphone or mobile device
- Manage medication lists, schedules, and reminder histories

You can download either app from the [Apple App Store](#) or [Google Play](#).³

¹ Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.

² When appropriate and available.

³ Apple and the Apple logo are trademarks of Apple, Inc., registered in the U.S. and other countries. App Store is a service mark of Apple, Inc. Google Play and the Google Play logo are trademarks of Google LLC.

Choose your doctor – and change anytime

Select from a wide variety of great Kaiser Permanente primary care doctors

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Having a doctor who you connect with is an important part of taking care of your health.

Choose the right doctor

To find a personal doctor who's right for you, go to our provider directory at kp.org and browse our online doctor profiles. You can search available doctors by gender, location, languages spoken, and more – and view their photos, education, and credentials.

You can choose a personal doctor within these specialties:

- Adult medicine/internal medicine
- Family medicine
- Pediatrics/adolescent medicine (for children up to 18)

Each covered family member can choose their own personal doctor.

Women 18 and older can choose an ob-gyn as well as a personal doctor, although women choosing a family medicine physician as their personal doctor may not need to choose a separate ob-gyn.

Change doctors anytime

You can change to another available Kaiser Permanente doctor at any time, for any reason – online or by phone.

See specialists, some without a referral

You don't need a referral for some specialties, such as:

- Most obstetrics-gynecology services
- Optometry services
- Most mental health services
- Most substance use disorder treatment

Refer to our provider directory to see when referral is not required. For other types of specialty care, your personal doctor will refer you.

To choose your doctor, make an appointment, or learn about specialty care:

Visit kp.org or the Kaiser Permanente app.

Or by phone:

In Southern California, call **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY), Monday through Friday, 7 a.m. to 7 p.m.

In Northern California, call Member Services 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Getting care (Northern California) ¹

Your care, your way

Get the care you need the way you want it. No matter which type of care you choose, your providers can see your Kaiser Permanente health history, update your medical record, and give you personalized advice that fits your needs.²

Choose how you get care

Call us anytime at **1-866-454-8855 (TTY 711)** to make an appointment or to speak to a nurse for medical advice and care guidance. You can also sign in to kp.org or use our mobile app:

Get Care Now

Tell us about your symptoms or concerns and we'll guide you to timely, convenient care based on your needs.

Phone appointment

Save yourself a trip to the doctor's office for many minor conditions or follow-up care.^{3,4}

Email

Message your doctor's office with nonurgent questions anytime and get a reply usually within two business days.

Video visit

Meet face-to-face online with a clinician on your computer, smartphone, or tablet for many minor conditions or follow-up care.^{3,4}

E-visit

Get quick and convenient online care for minor health problems. Answer a few questions about your symptoms, and a clinician will get back to you by email with a care plan and prescriptions (if appropriate) — usually within 2 hours between 7 a.m. and 7 p.m., 7 days a week.

In-person visit

We offer same-day, next-day, after-hours, and weekend services at most of our locations. Sign in to kp.org anytime, or call us to schedule a visit.

If your plan includes a copay, coinsurance, or deductible, you'll be asked for a payment when you check in. You can pay by debit or credit card at the reception desk or at the kiosk. You'll receive a statement that shows what services you got, how much you paid, and whether you still owe anything. Ask the receptionist for details or see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents

¹If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents.

²These features are available when you get care at Kaiser Permanente facilities.

³When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

⁴Some providers offer services exclusively through a telehealth technology platform and have no physical location at which you can receive services. See page [x](#) for more information.

Getting care (Southern California)¹

Your care, your way

Get the care you need the way you want it. No matter which type of care you choose, your providers can see your Kaiser Permanente health history, update your medical record, and give you personalized advice that fits your needs.²

Choose how you get care

To make an appointment or speak to a nurse for medical advice and care guidance, call us 24/7 at **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY).² You can also schedule some appointments online at kp.org/appointments or with the Kaiser Permanente app.

Phone appointment

Save yourself a trip to the doctor's office for minor conditions by scheduling a call or getting fast, personalized support 24/7.^{3,4}

Video visit

Meet face-to-face online with a clinician on your computer, smartphone, or tablet for minor conditions or follow-up care.^{3,4} Appointments are optional.

Email

Message your doctor's office with nonurgent questions anytime. Sign in to kp.org or use our mobile app.¹

E-visit

Get quick and convenient online care for minor health problems. Answer a few questions about your symptoms, and a clinician will get back to you with a care plan and prescriptions (if appropriate) — usually within 2 hours between 7 a.m. to 9 p.m., 7 days a week.

In-person visit

Same-day appointments are often available at most locations. Sign in to kp.org anytime, or call us to schedule a visit.

If your plan includes a copay, coinsurance, or deductible, you'll be asked for a payment when you check in. You can pay by debit or credit card at the reception desk or at the kiosk. You'll receive a statement that shows what services you got, how much you paid, and whether you still owe anything. Ask the receptionist for details or see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

¹If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents.

²These features are available when you get care at Kaiser Permanente facilities.

³When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

⁴Some providers offer services exclusively through a telehealth technology platform and have no physical location at which you can receive services. See page [x](#) for more information.

Care away from home

As a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the world.¹ Whether you're traveling in the United States or internationally, it's important to remember that how you get care can vary depending on where you are.

Visit kp.org/travel to find answers to common questions that can help you plan for a healthy trip and get medical care if you need it. Or call the Away from Home Travel Line at **1-951-268-3900** (TTY **711**) for travel support anytime, anywhere.²

Before you go

A little planning makes a big difference. Plan now for a healthy trip.

- Register on kp.org so you can see your health information online and email your Kaiser Permanente doctor's office with nonurgent questions anytime.
- If you'll spend a lot of time in another Kaiser Permanente region, like for work or school, call **1-877-300-9371** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m. Pacific time. We'll help you set up another kp.org account that's tied to your travel Health/Medical Record number so you can track and manage your Kaiser Permanente care while you're away from home.
- Save the Away from Home Travel Line phone number (**1-951-268-3900** or TTY **711**) to your mobile device for travel support anytime, anywhere.²
- Get our Kaiser Permanente app for your smartphone or mobile device to stay connected when you're on the go.
- See your doctor if you need to manage a condition during your trip.
- Refill your eligible prescriptions, including contact lenses, to have enough while you're away. Be sure to refill at least 1 or 2 weeks before your trip so there's time to process your request.
- If you travel by plane, keep your prescription medications with you in your carry-on baggage.
- Print a summary of your electronic health record in case you don't have internet access.
- Make sure your immunizations are up to date, including the COVID-19 vaccine and your yearly flu shot.
- Learn about immunizations required for international travel, including the COVID-19 vaccine and/or testing requirements. If you're leaving the country, ask your doctor or local travel clinic about vaccinations or medications you may need.
- Don't forget your Kaiser Permanente ID card.
- Make sure you understand what services are covered while you travel. Call the Away from Home Travel Line if you have any questions.

¹Please refer to your *Evidence of Coverage* or other plan documents for details.

²This number can be dialed from both inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

Timely access to scheduled appointments

Your health is our top priority. And we're committed to offering you a timely appointment when you need care.

The following standards for appointment availability were developed by the California Department of Managed Health Care (DMHC). This information can help you know what to expect when you request an appointment.

Type of care	Appointment offered
Urgent care appointment	Within 48 hours
Routine (nonurgent) primary care appointment (including adult/internal medicine, pediatrics, and family medicine)	Within 10 business days
Routine (nonurgent) mental health care or substance use disorder treatment with a practitioner other than a physician	Within 10 business days
Routine (nonurgent) follow-up mental health care or substance use disorder treatment with a practitioner other than a physician	Within 10 business days of the prior appointment
Routine (nonurgent) specialty care with a physician	Within 15 business days

If you prefer to wait for a later appointment that will better fit your schedule or to see the provider of your choice, we'll respect your preference. In some cases, your wait may be longer than the time listed if a licensed health care professional decides that a later appointment won't have a negative effect on your health.

The standards for appointment availability don't apply to preventive care services. Your provider may recommend a specific schedule for these types of services, depending on your needs. Preventive care services may include physical exams, vision and hearing tests, immunizations, health education, and prenatal care. Unless otherwise stated, the standards also do not apply to periodic follow-up care for ongoing conditions or standing referrals to specialists.

Timely access to telephone assistance

In addition, the following standards for answering telephone inquiries require health plans to answer the following telephone inquiries within specified time frames:

- For telephone advice about whether you need to get care and where to get care, plans must answer within 30 minutes, 24 hours a day, 7 days a week.
- For customer service inquiries, plans must answer within 10 minutes during normal business hours.

Use interpreter services at no cost to you

When you call us or come in for an appointment, we want to speak with you in the language you're most comfortable using. Interpreter services, including sign language, are available during all business hours at no cost to you. For more about our interpreter services, call Member Services 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Getting your prescriptions

Your provider may order a prescription for you during your appointment. Prescriptions are sent to our pharmacies electronically, and you may choose from several convenient ways to receive your prescriptions.

- Mail order delivery¹
- Same day delivery or next day delivery on most prescriptions for an additional fee²
- Pharmacy pick up

Mail order refills¹

Save time and money and have your prescriptions mailed to your home at no additional cost. Our Mail Order Pharmacy offers a convenient way to refill most of your prescriptions. When you request your prescriptions to be mailed, you should receive them within 3-5 days. Not all prescriptions can be mailed, restrictions apply.

- Visit kp.org/refill or access the KP mobile app to order refills and check the status of your orders. You can sign up to receive pharmacy order status or new prescription text/email notifications as well as refill and pick up reminders. If it's your first time placing a refill order online, please create an account by visiting kp.org/register. With order tracking tools, refill reminders, and more, you've got many convenient ways to fill and manage prescriptions when and where it works best for you.
- To refill by phone, please call **1-888-218-6245 (option 5)** in Northern California or **1-866-206-2983 (option 2)** in Southern California (TTY 711).

Need it sooner?

Same-day or next-day delivery is available in most areas and for most prescriptions for an additional fee.² Order using the Kaiser Permanente app, kp.org/homedelivery, or call **1-877-761-4091**. Some exclusions apply.

Pharmacy pick up

When picking up in the pharmacy, please be sure to first check in at the counter.

Have questions?

Please call the pharmacy number printed at the top of your prescription label.

For information about your benefits, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Out of refills?

If you're out of prescription refills when you place an order, we will request refills from your provider. Please allow 2 business days for us to process your order once the refill is approved.

Need to transfer prescriptions?³

- **From a non-Kaiser Permanente pharmacy to a Kaiser Permanente pharmacy:**
Have the prescription number and phone number of the non-Kaiser Permanente pharmacy ready and call the Kaiser Permanente pharmacy you want to use. We'll handle the rest. Please allow 2 business days for us to complete the transfer.
- **From one Kaiser Permanente pharmacy to another:**
Go to kp.org/refill and select the prescription you want to refill, the pharmacy you'd like to pick up from, and complete your order. Or call the Kaiser Permanente pharmacy where you'd like to pick up your prescription and provide the prescription information.

Prescription benefits

Most of our plans only cover prescriptions from:

- Kaiser Permanente or affiliated providers and staff
- Providers to whom we've referred you
- Providers providing emergency services or out-of-area urgent care
- Dentists

Prescriptions written by a non-Plan provider are not covered, except as described in your *Evidence of Coverage* or other coverage document. If your plan does not have a prescription benefit, you'll be charged full price for both formulary and non-formulary drugs. For new members, Kaiser Permanente will cover a temporary supply of non-formulary drugs until you can transfer your care to a Kaiser Permanente provider.

Over-the-counter (OTC) drugs

OTC drugs do not require a prescription and are available for purchase. Kaiser Permanente pharmacies carry a variety of OTC drugs and supplements, including vitamins, antacids, and cough and cold medicines.

Drug formulary⁴

Our formulary is a list of covered drugs that have been carefully evaluated and approved by our Pharmacy and Therapeutics (P&T) Committee, primarily composed of Kaiser Permanente Plan doctors and pharmacists. The committee selects drugs to include on the formulary based on several factors, including safety and effectiveness.

The formulary is updated monthly based on new information or when new drugs become available. Plan providers may prescribe generic, brand-name, or specialty drugs that are on our formulary. Plan providers can also prescribe drugs not on our formulary (nonformulary drugs), but only as medically necessary.

A generic drug is a chemical copy of a brand-name drug and is equivalent to the

brand-name drug in action, quality, and safety, but usually costs less. Generic drugs have the same active ingredients in the same dosage as their brand-name counterparts and are approved by the U.S. Food and Drug Administration.

Some brand-name drugs have a generic version and others don't. Generally, when a new generic drug becomes available, it's added to the formulary and the brand-name equivalent is removed. When both versions are available, the generic version is usually listed in our formulary. When a generic version isn't available, the formulary will list the brand-name version. In addition to federal regulation, Kaiser Permanente performs an additional quality review before approving generic drugs for use within the program.

If you have a prescription benefit and are prescribed a formulary drug, that drug will be covered under the terms of your benefits. Nonformulary drugs are not covered unless your provider determines it is medically necessary. Nonformulary drugs are covered when prescribed as medically necessary by the Plan provider and the nonformulary drug exception process is followed.

For more information on our prescription drug formulary, visit kp.org/formulary or call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Changing to a different drug

Sometimes a prescription is changed from one drug to another because your provider has decided the new drug is a better option based on standards of safety, effectiveness, or affordability. This is known as "therapeutic interchange."

Usually, when a drug change like this happens, your pharmacist will automatically

change your prescription to the new drug at your next refill.

If a drug you're taking is affected by a change to the formulary, you may be able to continue receiving it if your provider decides it's medically necessary.

Please note that just because a drug is on our formulary, it doesn't mean your provider will prescribe it for you. Your provider will choose the right drug for you based on your medical needs.

See your *Evidence of Coverage, Certificate of Insurance*, or other plan documents for more information about your drug benefits.

¹Please see your Evidence of Coverage or other plan documents for information about your drug coverage or check with your local Kaiser Permanente pharmacy if you have a question about where we can mail prescriptions. Not all prescriptions can be mailed, restrictions may apply.

²These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and delivery addresses. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice, and other restrictions may apply. Medi-Cal beneficiaries should ask your local pharmacy for more information.

³Some drugs, such as Schedule II controlled substances, are not transferable due to their high potential for abuse and addiction.

⁴The prescription drug formulary may vary depending on your health plan and is subject to change. For more information about which drug formulary applies to your plan, visit kp.org/formulary or call Member Services.

Managing chronic conditions (Northern California)

Disease management programs

Our disease management programs help our members get the care they need to manage their chronic conditions and get the most out of life. Services include specialized care, medication monitoring, and education to help prevent complications.

We offer disease management programs for a variety of chronic conditions:

- Asthma
- Hepatitis C
- Hypertension
- Coronary artery disease
- Cardiac rehabilitation
- Diabetes
- Congestive heart failure
- Fracture prevention
- Chronic pain

Cardiac rehabilitation offers support and care management after a heart attack or other cardiovascular event. Our PHASE (Prevent Heart Attacks and Strokes Everyday) program is for members who are at increased risk for heart attack or stroke.

If you're ready to make lifestyle changes or want to be considered for a program, talk to your provider or call the number for Health Education at your local facility.

Take control of your health

One of the keys to managing ongoing conditions is taking the right medications and using them only as prescribed. These tips can help.

Coronary artery disease and heart failure:

A heart healthy lifestyle includes regular physical activity, stress management, and

Careful control of blood pressure and cholesterol. In addition, following dietary recommendations (such as limiting salt) and monitoring weight are recommended, as well as taking medications as prescribed. Your care team will help you determine if certain medications can make you and your heart feel better.

Asthma help: Prevent asthma flare-ups by taking your controller medications daily as prescribed. Talk with your doctor if you're using quick-relief or rescue medication (like albuterol) more than twice a week, waking up from asthma 2 or more times a month, or refilling your albuterol inhaler prescription more than twice a year. Your doctor may need to adjust your asthma medication. When your asthma is under control, you'll breathe easier, have more energy, and get more out of life. For more tips on how to manage your asthma, visit kpdoc.org/asthma.

Diabetes ABCs:

- "A" is for A1c or average blood sugar. An A1c test gives a 3-month average of your blood sugar levels.
- "B" is for blood pressure. The goal is at least 139/89 or lower, or 134/84 or lower if you use a validated above-the-elbow monitoring machine at home. Check with your provider for the goal that's right for you.
- "C" is for cholesterol. For most people with diabetes, using a statin medication at the right dose, along with healthy lifestyle changes, protects the heart and cardiovascular system.

Keep your ABCs under control and prevent heart attacks, strokes, and kidney disease.

Complex Chronic Conditions (CCC) Case Management Program

The Complex Chronic Conditions (CCC) Case Management Program helps members who have trouble managing more than one chronic condition. Nurses and social workers

work with you and your doctor to address your needs. You'll learn self-care skills to properly manage your chronic conditions. If you or your caregiver thinks you qualify for the program, call the Case Management number at your local facility.

Regional Complete Care Support Programs (Southern California)

Kaiser Permanente Southern California Region's Complete Care Support Programs uses an evidence-based, population approach to provide care for members across the spectrum of health: healthy, healthy with a specific health issue, chronically ill, and end of life. Disease management is embedded in our care delivery system, using every encounter with our members to provide necessary preventive and chronic disease care. Our approach is member-centric and based on each member's individual health profile.

While disease management has always been built into the care delivery model, Kaiser Permanente believes its approach to preventive care and healthy lifestyle management can make a big difference in everyone's life. Members receive care for their total health at every stage of life.

Kaiser Permanente's comprehensive approach toward conditions such as asthma, cancer, cardiovascular disease, chronic pain, diabetes, depression, and weight management is supported by integrated systems, programs, and people which come together to help us focus on each person as a whole; with the goal of aligning the organization around the needs of each patient. It is what makes our Complete Care approach different and what helps our members thrive.

Your immunization information

Your immunization information is reported to the California Immunization Registry (CAIR), as well as the Regional Immunization Data Exchange (RIDE) for residents of Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties; and County Health Departments – as required by public health mandates. These secure databases are managed by state and county public health agencies.

California health care providers and schools can query CAIR to view patient immunization history. Go to cairweb.org/forms for more information.

Here are some benefits of sharing your information:

- You have a backup in case you lose your or your child's yellow immunization card.
- Participating schools can easily view your child's required immunizations.
- You'll keep a consistent immunization record if you ever need to change health plans.

If you don't want CAIR to share your or your child's immunization history with California health care providers or participating schools, you can opt out at any time. Visit cairweb.org/forms and see the "CAIR Patient Forms" section for information about opting out.

Accessing urgent care*

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. Examples include:

- Minor injuries
- Backaches
- Earaches
- Sore throats
- Coughs
- Upper-respiratory symptoms
- Frequent urination or a burning sensation when urinating

See the "Getting care" sections on pages 4 and 5 for appointment and advice phone numbers.

*You must obtain covered urgent care at Kaiser Permanente Plan facilities when you are inside your Kaiser Permanente home region service area.

Accessing emergency care

If you believe you have an emergency medical condition, call **911** or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

Emergency services coverage

When you have an emergency medical condition, we cover emergency services you receive from Plan providers or non-Plan providers anywhere in the world. You do not need prior authorization for emergency services.

Emergency services include all of the following with respect to an emergency medical condition:

- A medical screening exam that is within the capability of the emergency department of a hospital, including ancillary services (such as imaging and laboratory services) routinely available to the emergency department to evaluate the emergency medical condition
- Within the capabilities of the staff and facilities available at the hospital, medically necessary examination and treatment required to stabilize you (once your condition is stabilized, services you receive are post-stabilization care and not emergency services)

“Stabilize” means to provide medical treatment for your emergency medical condition that is necessary to assure, within reasonable medical probability, that no material deterioration of your condition is likely to result from or occur during your transfer from the facility. With respect to a pregnant woman who is having contractions, when there is not adequate time to safely transfer her to another hospital before delivery (or the transfer may pose a threat to the health or safety of the woman or her unborn child), “stabilize” means to deliver (including the placenta). For more information on emergency care coverage, see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

Post-stabilization care

Post-stabilization care is medically necessary care related to your emergency medical condition that you receive in a hospital (including the Emergency Department) after your treating provider determines that this condition is stabilized. Post-stabilization care also includes durable medical equipment covered under your plan, if it is medically necessary after discharge from a hospital and related to the same emergency medical condition. Kaiser Permanente covers post-

stabilization care from a non-Kaiser Permanente provider only if we provide prior authorization for the care or if otherwise required by applicable law (“prior authorization” means that we must approve the service in advance). To request prior authorization for post-stabilization care from a non-Plan provider, the non-Plan provider must call us at **1-800-225-8883 if you’re a Southern California member, 1-888-859-0880 if you’re a Northern California member**, or the notification telephone number on your Kaiser Permanente ID card, before you receive the care.

We will discuss your condition with the non-Plan provider. If we determine that you require post-stabilization care, and that this care is part of your covered benefits, we will authorize your care from that provider or arrange to have a Plan provider (or other designated provider) provide care. Be sure to ask the non-Plan provider to tell you what care (including any transportation) we have authorized because we will not cover post-stabilization care or related transportation provided by non-Plan providers that has not been authorized. If you receive care from a non-Plan provider that we have not authorized, you may have to pay the full cost of that care.

Notify us that you have been admitted to a non-Plan hospital. If you are admitted to a non-Plan hospital, please notify us as soon as possible by calling **1-800-225-8883 if you’re a Southern California member, 1-888-859-0880 if you’re a Northern California member** (24 hours, 7 days a week), or the notification telephone number on your Kaiser Permanente ID card.

Protecting your privacy and security

We take protecting you, your medical information, and resources for your care very seriously. One way we protect your privacy is by checking your Kaiser Permanente ID card and asking to see a photo ID when you come in for care.

If you notice potential signs of misconduct, such as someone using another's ID card or information improperly, a statement listing charges for care you didn't receive, or your prescription medications have changed unexpectedly, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). For more information about how we are working to protect you, visit kp.org/protectingyou.

We are committed to ethical conduct, integrity in our work, and compliance with all regulatory requirements. We train our employees and doctors to help protect your privacy and prevent fraud and identity theft. We monitor our systems and operations for indications of misconduct and take corrective action when needed.

Your rights and responsibilities

Kaiser Permanente is your partner in total health care. Active communication between you and your doctor as well as others on your health care team helps us to provide you with the most appropriate and effective care. We want to make sure you receive the information you need about your health plan, the people who provide your care, and the services available, including important preventive care guidelines. Having this information contributes to you being an active participant in your own medical care. We also honor your right to privacy and believe in your right to considerate and respectful care. This section details your rights and responsibilities as a Kaiser Permanente member and gives you information about member services, specialty referrals, privacy and confidentiality, and the dispute-resolution process.

As an adult member, you exercise these rights yourself. If you are a minor or are unable to make decisions about your medical care, these rights will be exercised by the person with the legal responsibility to participate in making these decisions for you.

You'll also see the Member/Patient/Visitor Code of Conduct under the responsibilities section, which is new for 2022 and helps implement a safe, secure, and respectful care delivery environment for everyone.

You have the right to:

Receive information about Kaiser Permanente, our services, our practitioners and providers, and your rights and responsibilities. We want you to participate in decisions about your medical care. You have the right, and should expect, to receive as much information as you need to help you make these decisions. This includes information about:

- Kaiser Permanente
- The services we provide, including mental health services
- The names and professional status of the individuals who provide you with service or treatment
- The diagnosis of a medical condition, its recommended treatment, and alternative treatments
- The risks and benefits of recommended treatments
- Preventive care guidelines
- Ethical issues
- Complaint and grievance procedures

We will make this information as clear and understandable as possible. When needed, we will provide interpreter services at no cost to you.

Participate in a candid discussion of appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.

You have the right to a candid discussion with your Plan doctor about appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage. Ask questions, even if you think they're not important. You should be satisfied with the answers to your questions and concerns before consenting to any treatment. You may refuse any recommended treatment if you don't agree with it or if it conflicts with your beliefs.

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Medical emergencies or other circumstances may limit your participation in a treatment

decision. However, in general, you will not receive any medical treatment before you or your representative gives consent. You and, when appropriate, your family will be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

Participate with practitioners and providers in making decisions about your health care. You have the right to choose an adult representative, known as your agent, to make medical decisions for you if you are unable to do so, and to express your wishes about your future care. Instructions may be expressed in advance directive documents such as an Advance Health Care Directive.

For more information about these services and resources, please contact Member Services 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Have ethical issues considered. You have the right to have ethical issues that may arise in connection with your health care considered by your health care team. Kaiser Permanente has a Bioethics/Ethics Committee at each of our medical centers to assist you in making important medical or ethical decisions.

Receive personal medical records.

You have the right to review and receive copies of your medical records, subject to legal restrictions and any appropriate copying or retrieval charge(s). Third parties are required to submit a signed authorization to obtain copies of a patient's records with Member Services. Kaiser Permanente will not release your medical information without your authorization, except as required or permitted by law.

To review, receive, or release copies of your medical records, contact our Release of Information Department at kp.org/requestrecords. If you need help getting copies of your medical records, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Receive care with respect and recognition of your dignity. We respect your cultural, psychosocial, spiritual, and personal values; your beliefs; and your personal preferences. Kaiser Permanente is committed to providing high-quality care for you and to building healthy, thriving communities. To help us get to know you and provide culturally competent care, we collect race, ethnicity, language preferences (spoken and written), sexual orientation, gender identity, and religion data. This information can help us develop ways to improve care for our members and communities. This information is kept private and confidential and is not used in underwriting, rate setting, or benefit determination. Check your visit summary to make sure your information is correct. If you see an error, please tell us. We believe that providing quality health care includes a full and open discussion regarding all aspects of medical care and want you to be satisfied with the health care you receive from Kaiser Permanente.

Use interpreter services at no cost to you. When you call or come in for an appointment or call for advice, we want to speak with you in the language you are most comfortable using. For more about our interpreter services, see the section titled “Help in your language” or call Member Services, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616**

(Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Be assured of privacy and confidentiality. All Kaiser Permanente employees and doctors, as well as practitioners and providers with whom Kaiser Permanente contracts, are required to keep your protected health information (PHI) confidential. PHI is information that includes your name, Social Security number, or other information that reveals who you are, such as race, ethnicity, and language data. For example, your medical record is PHI because it includes your name and other identifiers.

Kaiser Permanente has strict policies and procedures regarding the collection, use, and disclosure of member PHI that includes the following:

- Kaiser Permanente’s routine uses and disclosures of PHI
- Use of authorizations
- Access to PHI
- Internal protection of oral, written, and electronic PHI across the organization
- Protection of information disclosed to Plan sponsors or employers

Please review the section titled “Privacy practices.”

For more information about your rights regarding PHI as well as our privacy practices, please refer to our Notice of Privacy Practices on our website, kp.org, or call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Participate in doctor selection without interference. You have the right to select and change your personal doctor within the Kaiser Permanente Medical Care Program without interference, subject to doctor availability. To

learn more about nurse practitioners, physician assistants, and selecting a primary care practitioner, see the section titled "Choose your doctor."

Receive a second opinion from an appropriately qualified medical practitioner. If you want a second opinion, you can ask Member Services to help you arrange one with a Plan doctor who is an appropriately qualified medical professional for your condition. If there isn't a Plan doctor who is an appropriately qualified medical professional for your condition, Member Services will help you arrange a consultation with a non-Plan doctor for a second opinion. While it is your right to consult with a doctor outside the Kaiser Permanente Medical Care Program, without prior authorization you will be responsible for any costs you incur. For purposes of this "Second Opinions" provision, an "appropriately qualified medical professional" is a doctor who is acting within their scope of practice and who possesses a clinical background, including training and expertise, related to the illness or condition associated with the request for a second medical opinion.

Receive and use member satisfaction resources, including the right to voice complaints or make appeals about Kaiser Permanente or the care we provide. You have the right to resources such as patient assistance and member services, and the dispute-resolution process. These services are provided to help answer your questions and resolve problems.

A description of your dispute-resolution process is contained in your *Evidence of Coverage, Certificate of Insurance*, or other plan documents. If you need a replacement, contact Member Services to request a copy. If you receive your Kaiser Permanente coverage through an employer, you can also contact your employer for a current copy.

When necessary, we will provide you with interpreter services, including sign language, at no cost to you. For more information about our services and resources, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Make recommendations regarding Kaiser Permanente's member rights and responsibilities policies. If you have any comments about these policies, please contact Member Services, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

You are responsible for the following:

Being civil and respectful. At Kaiser Permanente, we are committed to ensuring a safe, secure, and respectful environment for everyone, including our members, patients, visitors, clinicians, providers, health care teams, and employees. We expect all individuals to demonstrate civil and respectful behavior while on our premises or in virtual or home health care interactions.

As part of our new Member/Patient/Visitor Code of Conduct, we expressly prohibit the following:

- Abusive language including threats and slurs
- Sexual harassment
- Physical assault
- Possession or use of weapons, including firearms

We reserve the right to take appropriate measures to address abusive, disruptive, inappropriate, or aggressive behavior.

Knowing the extent and limitations of your health care benefits. A detailed explanation of your benefits is contained in your *Evidence of Coverage, Certificate of Insurance*, or other plan documents. If you need a replacement, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) to request another copy. If you receive your Kaiser Permanente coverage through an employer, you can also contact your employer for a current copy of your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

Notifying us if you are hospitalized in a non-Kaiser Permanente hospital. If you are hospitalized in any hospital that is not a Plan hospital, you are responsible for notifying us as soon as reasonably possible so we can monitor your care.

You can contact us by calling the number on your Kaiser Permanente ID card.

Identifying yourself. You are responsible for carrying your Kaiser Permanente ID card and photo identification with you at all times to use when appropriate, and for ensuring that no one else uses your ID card. If you let someone else use your card, we may keep your card and terminate your membership.

Your Kaiser Permanente ID card is for identification only and does not give you rights to services or other benefits unless you are an eligible member of our health plan. Anyone who is not a member will be billed for any services we provide.

Keeping appointments. You are responsible for promptly canceling any appointment that you no longer need or are unable to keep.

Supplying information (to the extent possible) that Kaiser Permanente and our practitioners and providers need in order to provide you with care. You are responsible for providing the most accurate information about your medical condition and history, as you understand it. Report any unexpected changes in your health to your doctor or medical practitioner.

Understanding your health problems and participating in developing mutually agreed-upon treatment goals, to the highest degree possible. You are responsible for telling your doctor or medical practitioner if you don't clearly understand your treatment plan or what is expected of you. You are also responsible for telling your doctor or medical practitioner if you believe you cannot follow through with your treatment plan.

Following the plans and instructions for care you have agreed on with your practitioners. You are responsible for following the plans and instructions that you have agreed to with your doctor or medical practitioner.

Recognizing the effect of your lifestyle on your health. Your health depends not only on care provided by Kaiser Permanente but also on the decisions you make in your daily life — poor choices, such as smoking or choosing to ignore medical advice, or positive choices, such as exercising and eating healthy foods.

Fulfilling financial obligations. You are responsible for paying on time any money owed to Kaiser Permanente.

Knowing about and using the member satisfaction resources available, including the dispute-resolution process. For more about the dispute-resolution process, see the section titled "dispute resolution." A description of your dispute-resolution process is contained in your *Evidence of Coverage*,

Certificate of Insurance, or other plan documents.

If you need a replacement, contact Member Services to request a copy. If you receive your Kaiser Permanente coverage through an employer, you can also contact your employer for a current copy. Member Services can also give you information about the various resources available to you and about Kaiser Permanente's policies and procedures.

If you have any recommendations or comments about these policies, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Policies and procedures

This section discusses the prescription drug formulary and policies on specialty referrals, new technology, confidentiality, and privacy practices. It also describes the dispute-resolution process and the procedures for decisions about coverage and medical treatment.

To speak with a representative about our policies and procedures, including benefits and coverage, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Disability access

It's our policy to make our facilities and services accessible to individuals with disabilities, in compliance with federal and state laws that prohibit discrimination based on disability. Kaiser Permanente provides (1) access to service-animal users except where

the animal poses a significant risk to health or safety; (2) appropriate auxiliary aids and services when necessary to ensure effective communication with individuals with hearing, cognitive, and/or communication-related disabilities, including qualified sign language interpreter services and informational materials in alternative formats (examples include large print, audio, electronic texts/disks/CD-ROMs, and braille); and (3) accessible exam rooms and medical equipment for individuals with disabilities. Also see page 28, "Guide for members with disabilities."

About your Kaiser Permanente identification (ID) card

Each member is assigned a unique medical record number, which we use to locate membership and medical information. Every member receives an ID card that shows their unique number.

Your ID card is for identification only. To receive covered services, you must be a current member. If you were a member and have reenrolled in our health plan, you will receive a new ID card that shows your original medical record number.

Whenever you receive a new ID card, destroy all old cards and begin using the new card. If you lose your ID card, or if we inadvertently issue you more than 1 medical record number, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Referrals for specialty care

Your primary care doctor will refer you to a Plan specialist when they believe that you require specialty care. Some specialty care, such as obstetrics-gynecology, most mental health services, and substance use disorder treatment, don't require a referral. There may be instances when you

require the services of a non-Plan doctor. These services are covered only when authorized by the Medical Group. Please see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents for more information.

Notice of availability of Online and Printed Provider Directory

Kaiser Permanente is required by California law to publish and maintain an online Provider Directory with certain information about providers available to our members, including whether a provider is accepting new patients.

The provider directory is a listing of Plan Physicians and Plan Facilities in your Home Region. This directory is available on our website at kp.org/facilities. To obtain a printed copy, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). The directory is updated periodically. The availability of Plan Physicians and Plan Facilities may change. If you have questions, please call Member Services.

Telehealth services through third-party providers

Some Plan providers offer services exclusively through telehealth appointments (video visits, phone appointments, and/or secure email) and have no physical locations where you can receive in-person services.

- **Your choice of service delivery:** You are not required to receive telehealth services from these telehealth providers. You may choose to receive in-person services from another Plan provider instead.

- **Cost sharing:** Any cost-sharing you pay for telehealth services will accrue to the applicable deductible or out-of-pocket maximum on the same basis as in-person visits.
- **Right to access medical records:** If you receive telehealth services through these providers, you may request access to your medical record for this visit, and such information may be added to your medical record and shared with your primary care physician. To review, receive, or release your medical records, contact our Release of Information Department at kp.org/requestrecords. If you wish to object to sharing of your medical records, contact Member Services.

You can reach Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services).

New technology

Kaiser Permanente has a rigorous process for monitoring and evaluating the clinical evidence for new medical technologies that are treatments and tests. Kaiser Permanente doctors decide if new medical technologies shown to be safe and effective in published, peer-reviewed clinical studies are medically appropriate for their patients.

Coordination of Benefits (COB)

You and your family may be able to save on medical expenses if you are covered by more than one medical plan. COB determines how much each plan will pay toward the cost of a service. Through COB, your health care organizations and insurance companies work together to pay for your medical care.

- If you have Medicare coverage, we will determine which coverage pays first using Medicare rules. To find out which Medicare rules apply to your situation, and how payment will be handled, call one of our representatives. They are available Monday through Friday, 8 a.m. to 4 p.m., at **1-800-201-2123**.

- If you have more than one medical plan through an employer group, California coordination of benefits rules determine which coverage pays first. For more information about COB, please see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents, or call Member Services at **1-800-464-4000**.

Accrual toward deductibles and out-of-pocket maximums

To see how close you are to reaching your deductibles, if any, and out-of-pocket maximums, use our online Out-of-Pocket Summary tool at kp.org/outofpocket or call Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services). We will provide you with an accrual balance information for every month that you receive services until you reach your individual out-of-pocket maximums or your family reaches the family out-of-pocket maximums.

We will provide accrual balance information by mail unless you have opted to receive notices electronically. You can change your document delivery preferences at any time at kp.org or by calling Member Services.

Claims status information

You have the right to track the status of a claim in the claims process and obtain the following information in one telephone contact with a representative from Member Services: the stage of the process, the amount approved, amount paid, member cost, and date paid (if applicable). To inquire about the status of a claim, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Coverage or service decisions

Managing how health care services and related resources are used is an important part of how Kaiser Permanente doctors and staff work together to help control costs and improve health care services for you. Managing our resources effectively includes making decisions that help ensure that you receive the care you need. Communicating openly with the members of your health care team is an important way to help ensure that you get the care you need.

Many agencies, accrediting bodies, and employers require managed care organizations and hospitals to detect and correct potential underuse and overuse of services. Among them are the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services (Medicare and Medi-Cal), and The Joint Commission. This monitoring of services is called “resource management.”

At Kaiser Permanente, utilization management (UM) prior authorization is conducted for a small number of health care services requested by your provider. The UM review determines whether the requested service is medically necessary for your care. If it is medically necessary, then you will be authorized to receive that care in a clinically appropriate place consistent with the terms of your health coverage. We make UM decisions using evidence-based UM criteria and the *Evidence of Coverage*. In the event of a UM denial, members and providers will receive a written notice communicating the decision, a description of the criteria used and the clinical reasons for the decision. A copy of the specific UM criteria used to support the decision is available and will be provided to you upon request. Also, we do not specifically reward providers or individuals conducting a utilization review for issuing denials of coverage or service. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

The type of coverage you have determines your benefits. Your Kaiser Permanente doctors and contracted providers make decisions about your care and the services you receive based on your individual clinical needs. Our doctors and other providers may use clinical practice guidelines (information, tools, and other decision-making aids) to assist in making treatment decisions.

Your Kaiser Permanente doctor does not make decisions on your health care because of receiving a financial reward, or because they would be hired, fired, or promoted. Your Kaiser Permanente doctor does not receive any financial reward if they do not provide the services you need. Kaiser Permanente makes sure that your doctor provides the care you need at the right time and the right place.

For more information about policies regarding financial incentives and how we control utilization of services and expenditures, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Assistance with utilization management (UM) issues and processes

For calls regarding UM issues, questions, or processes, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also get information at kp.org/um.

Member Services representatives and UM staff at each medical center are available during normal business hours to address your questions or concerns related to UM issues. Please call your local medical center number and request the Member Services or Utilization Management Department. Business hours are Monday through Friday

(excluding holidays), 9 a.m. to 5 p.m. You can also inquire about UM processes or specific UM issues by leaving a voicemail after hours. Please leave your name, medical record number and/or birth date, telephone number where you can be reached, and your specific question. Messages will be responded to no later than the next business day.

Sign up for organ donation: Help save lives

Did you know that one person can save 8 lives and enhance 50 others through organ and tissue donation? If you haven't already signed up to be an organ donor, do it today at donatelifecalifornia.org. Be sure to tell your loved ones, family, and doctor about your wishes.

Quality

At Kaiser Permanente, we are proud of our delivery of high-quality health care and services to our members. Our commitment to quality is demonstrated through the recognition we've received from independent organizations for our internal improvement program and for our use of advanced technologies in providing medical care. You can find out more about our quality program by visiting kp.org/quality.

We participate in various activities that demonstrate the quality of care and service we provide. Information to better understand the quality of care we deliver at Kaiser Permanente, as well as a way to compare our performance to other California health plans, is available. This clinical and patient experience information is reported through the public Office of the Patient Advocate and is available to view and print. For clinical and patient-experience measures for all Kaiser Permanente locations and explanations of the scoring and rating methodologies used to demonstrate performance for clinical care and patient experience, visit opa.ca.gov/reportcards.

We also participate in various activities in the community to improve patient safety — one of our top priorities. For example, we participate in the Leapfrog Group survey. The Leapfrog Group is composed of Fortune 500 companies and other public and private organizations throughout the country that provide health care benefits. The group's goal is to improve the safety and quality of health care in the United States. One of its main programs is a voluntary, web-based survey used to gather information about medical care in urban hospitals. All Kaiser Permanente medical centers in California and the majority of our contracted hospitals participated in the most recent survey. To see the survey results, visit <https://www.leapfroggroup.org/ratings-reports>.

Privacy practices

Kaiser Permanente will protect the privacy of your protected health information (PHI). We also require contracting providers to protect your PHI. Your PHI is individually identifiable information (oral, written, or electronic) about your health, health care services you receive, or payment for your health care.

You may generally see and receive copies of your PHI, correct or update your PHI, and ask us for an accounting of certain disclosures of your PHI. You can request delivery of confidential communication to a location other than your usual address or by a means of delivery other than the usual means. You may request confidential communication by completing a confidential communication request form, which is available on kp.org under "Request for confidential communications forms." Your request for confidential communication will be valid until you submit a revocation or a new request for confidential communication. If you have questions, please call Member Services (see numbers below).

We may use or disclose your PHI for treatment, payment, and health care operations purposes, such as measuring the quality of services. Our Notice of Privacy Practices provides more detail and can be found at kp.org. We are sometimes required by law to give PHI to others, such as government agencies or in judicial actions. In addition, if you have coverage through an employer group, PHI is shared with your group only with your authorization or as otherwise permitted by law. We will not use or disclose your PHI for any other purpose without your (or your representative's) written authorization, except as described in our Notice of Privacy Practices. Giving us authorization is at your discretion.

This is only a brief summary of some of our key privacy practices. Our Notice of Privacy Practices, which provides additional information about our privacy practices and your rights regarding your PHI, is available and will be furnished to you upon request. To request a copy, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also find the Notice at your local Plan facility or on our website at kp.org.

Dispute resolution

We are committed to promptly resolving your concerns. The following sections describe some dispute-resolution options that may be available to you. Please refer to your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Federal Employee Health Benefits Program (FEHB), or CalPERS member because you have different dispute-resolution options available. The information below is subject to change

when your *Evidence of Coverage, Certificate of Insurance*, or other plan documents are revised.

We will confirm receipt of your complaint, grievance, or appeal within 5 days. We will send you our decision within 30 days from the date we received your written or verbal complaint. We will make every attempt to resolve your issue promptly. In the case of an urgent grievance, we will respond as described below in the Urgent Procedure section.

Complaints about quality of care or service, or access to facilities or services

If you have a complaint about your quality of care or service, or access to facilities or services, you may file a complaint online or you may contact a patient assistance coordinator or a Member Services representative at a local Plan facility, or call Member Services, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) to discuss your issue. To file a complaint online, go to kp.org and scroll to the bottom of the page. Under “Member Support,” click “Support Center.” On the left side of the screen, click “File a complaint.” Our representatives will advise you about our resolution process and ensure that the appropriate parties review your complaint.

Grievances

A grievance is any expression of dissatisfaction by you or your authorized representative through the grievance process. Here are some examples of reasons you might file a grievance:

- You received a written denial of Services that require prior authorization from the Medical Group and you want us to cover the Services
- You received a written denial for a second opinion or we did not respond to

your request for a second opinion in an expeditious manner, as appropriate for your condition

- Your treating doctor has said that Services are not medically necessary and you want us to cover the Services
- You were told that Services are not covered and you believe that the Services should be covered
- You want us to continue to cover an ongoing course of covered treatment
- You believe you have faced discrimination from providers, staff, or Health Plan
- We terminated your membership and you disagree with that termination

Who may file

The following people may file a complaint or grievance:

- You may file for yourself.
- You can ask a friend, relative, attorney, or any other person to file for you by appointing them in writing as your authorized representative.
- A parent may file for their child under age 18, except that the child must appoint the parent as authorized representative if the child has the legal right to control release of information that is relevant.
- A court-appointed guardian may file for their ward, except that the ward must appoint the court-appointed guardian as authorized representative if the ward has the legal right to control release of information that is relevant.
- A court-appointed conservator may file for their conservatee.
- An agent under a currently effective health care proxy, to the extent provided under state law, may file for their principal.
- Your doctor may act as your authorized representative with your verbal consent

to request an urgent grievance as described in the *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

Independent Medical Review (IMR)

If you qualify, you or your authorized representative may have your issue reviewed through the Independent Medical Review (IMR) process managed by the California Department of Managed Health Care. The Department of Managed Health Care determines which cases qualify for IMR. This review is at no cost to you.

You may qualify for IMR if all of the following are true:

- One of these situations applies to you:
 - You have a recommendation from a provider requesting medically necessary services.
 - You have received emergency services, emergency ambulance services, or urgent care from a provider who determined the services to be medically necessary.
 - You have been seen by a Plan Provider for the diagnosis or treatment of your medical condition.
- Your request for payment or services has been denied, modified, or delayed based in whole or in part on a decision that the services are not medically necessary.
- You have filed a grievance and we have denied it or we haven't made a decision about your grievance within 30 days (or 3 days for urgent grievances). The Department of Managed Health Care may waive the requirement that you first file a grievance with us in extraordinary and compelling cases, such as severe pain or potential loss of life, limb, or major bodily function. If we have denied your grievance, you must submit your request for an IMR within 6 months of the date of our written denial. However,

the Department of Managed Health Care may accept your request after 6 months if they determine that circumstances prevented timely submission.

You may also qualify for IMR if the Service you requested has been denied on the basis that it is experimental or investigational as described under "Experimental or investigational denials" in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

If the Department of Managed Health Care determines that your case is eligible for IMR, it will ask us to send your case to the Department of Managed Health Care's Independent Medical Review organization. The Department of Managed Health Care will promptly notify you of its decision after it receives the Independent Medical Review organization's determination. If the decision is in your favor, we will contact you to arrange for the service or payment.

Independent Review Organization for nonformulary prescription drug requests

If you filed a grievance to obtain a nonformulary prescription drug and we did not decide in your favor, you may submit a request for a review of your grievance by an independent review organization (IRO). You must submit your request for IRO review within 180 days of the receipt of our decision letter.

For urgent IRO reviews, we will forward to you the independent reviewer's decision within 24 hours. For nonurgent requests, we will forward the independent reviewer's decision to you within 72 hours. If the independent reviewer does not decide in your favor, you may submit a complaint to the Department of Managed Health Care, as described under "Department of Managed Health Care." You may also submit a request for an Independent Medical Review as described under "Independent Medical Review."

Urgent Procedure

If you want us to consider your grievance on an urgent basis, please tell us that when you file your grievance. Note: Urgent is sometimes referred to as "exigent." If exigent circumstances exist, your grievance may be reviewed using the urgent procedure described in this section.

You must file your urgent grievance or request for IRO review in one of the following ways:

- By calling our Expedited Review Unit toll-free at **1-888-987-7247** (TTY **711**)
- By mailing a written request to:
Kaiser Foundation Health Plan, Inc.
Expedited Review Unit
P.O. Box 23170
Oakland, CA 94623-0170
- By faxing a written request to our Expedited Review Unit toll-free at **1-888-987-2252**
- By visiting a Member Services office at a Plan facility
- By going to kp.org — you can file a complaint or grievance, including a request for an expedited review, on our website

We will decide whether your grievance is urgent or nonurgent unless your attending health care provider tells us your grievance is urgent.

If we determine that your grievance is not urgent, we will use the procedure described in your *Evidence of Coverage* or other plan documents. Generally, a grievance is urgent only if one of the following is true:

- Using the standard procedure could seriously jeopardize your life, health, or ability to regain maximum function.
- Using the standard procedure would, in the opinion of a doctor with knowledge of your medical condition, subject you to severe pain that cannot be adequately

managed without extending your course of covered treatment.

- A doctor with knowledge of your medical condition determines that your grievance is urgent.
- You have received Emergency Services but have not been discharged from a facility and your request involves admissions, continued stay, or other health care Services
- You are undergoing a current course of treatment using a non-formulary prescription drug and your grievance involves a request to refill a non-formulary prescription drug

For most grievances that we respond to on an urgent basis, we will give you oral notice of our decision as soon as your clinical condition requires, but not later than 72 hours after we received your grievance. We will send you a written confirmation of our decision within three days after we received your grievance.

If your grievance involves a request to obtain a non-formulary prescription drug and we respond to your request on an urgent basis, we will notify you of our decision within 24 hours of your request. For information on how to request a review by an independent review organization, see "Independent Review Organization for Non-Formulary Prescription Drug Requests" above.

If we do not decide in your favor, our letter will explain why and describe your further appeal rights.

NOTE: If you have an issue that involves an imminent and serious threat to your health (such as severe pain or potential loss of life, limb, or major bodily function), you can contact the California Department of Managed Health Care at any time at **1-888-466-2219** or **1-877-688-9891** (TTY) without first filing a grievance with us.

Binding arbitration

You have the right to voice complaints about Kaiser Permanente and the care we provide. Most member concerns are resolved through our complaint and grievance process. However, if you believe your care has been negligent, you can ask for binding arbitration by an arbitrator.

Upon enrollment, Kaiser Permanente members agree to use binding arbitration* instead of a jury or court trial for certain matters that are not resolved by our dispute-resolution process. Arbitration is a widely used alternative to the court system. Arbitration does not limit a member's ability to sue Kaiser Permanente (Kaiser Foundation Health Plan, Inc.), The Permanente Medical Group, Inc. (TPMG), Southern California Permanente Medical Group (SCPMG), and its providers, employees, etc. (collectively "Kaiser Permanente"). Arbitration is simply a different forum for resolution of the dispute.

The Office of the Independent Administrator is the neutral entity that administers these arbitrations. Under the Office of the Independent Administrator, the arbitration system has been designed so that many cases are resolved timely and, in many circumstances, faster than if in court. A pool of nearly 300 independent arbitrators has been established by the Office of the Independent Administrator. About one-third of the arbitrators are retired judges. The arbitrator's decision is binding on both members and Kaiser Permanente.

For more information about binding arbitration, please refer to your *Evidence of Coverage* or other plan documents. The Office of the Independent Administrator issues annual reports available to the public regarding the arbitration system. The Office of the Independent Administrator may be reached at **1-213-637-9847**. Information about the arbitration system is also available on the website for the Office of

the Independent Administrator, oia-kaiserarb.com.

Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) and use your health plan's grievance process before contacting DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call DMHC for assistance. You may also be eligible for an Independent Medical Review (IMR).

If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. DMHC also has a toll-free telephone number (**1-888-466-2219**) and a TTY line (**1-877-688-9891**) for the deaf or hard of hearing. DMHC's website www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions.

Notice of personal information sharing with Covered California

California Law requires Kaiser Permanente to notify you every year that we will provide your information, including your name, address, and email, to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage. If you do not want to allow Kaiser Permanente to share your information with Covered California, you may opt out of this information sharing.

If you do not want us to share your information with Covered California, visit [kp.org/notifications](https://www.kp.org/notifications), or contact Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services), 24 hours a day, 7 days a week (closed holidays) (for TTY, call **711**) 30 days before your coverage ends, to opt out of this information sharing. Thank you.

Guide for members with disabilities

Kaiser Permanente is dedicated to providing accessible services for all members and visitors. The information presented here will guide you through available resources to help you plan your visit or hospital stay at any of our facilities statewide.

Accessible wayfinding to Kaiser Permanente facilities

In keeping with our commitment to provide accessible services and programs, we offer two kinds of accessible wayfinding to Kaiser Permanente facilities:

- On [kp.org](https://www.kp.org), you'll find accessible directions. Click the "Doctors & Locations" tab, then click "Locations." Enter your search criteria, click "Search," and click "Directions" for the location you want to visit.
- For mobile device users, our mobile app has a fully accessible "Directions to Here" feature. Select the facility you want, and click the "Directions to Here" and "Start" buttons. It will then talk to you and guide you turn-by-turn (by car, bus, or foot) until you get to your desired location.

Alternative formats

- **Print documents are available in alternative formats**

Large print, braille, audio, and electronic files (accessible PDFs or Microsoft Word documents) are available at no charge to members with disabilities. The amount of time required for production of written materials in alternative formats may vary depending on the complexity, type, and length of the document requested, as well as whether the materials are prepared in-house or by third-party vendors. Generally, written materials in alternative formats can be produced within two weeks or less. Many

documents may be available for immediate viewing or downloading on kp.org.

To request documents, call Member Services, 24 hours a day, 7 days a week (closed holidays) at

1-800-464-4000 (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also contact us online at kp.org — scroll to the bottom of the page and, under “Member Support,” click “Member Services.” Then click “Contact Member Services.”

Auxiliary aids and services:

Kaiser Permanente is committed to full and equal access to its facilities and services, and to effective communication for individuals with disabilities. A variety of auxiliary aids and services are available to help patients and visitors with disabilities, at no cost. Contact your provider or Member Services to inquire about the types of aids, services, or modifications that we can offer in order to make our services and communications fully accessible to you. Examples include sign language, interpreter services, real time captioning, hearing amplification devices, documents in alternative formats, wheelchair transfer assistance, access to accessible medical equipment, and more.

Pharmacy services

Kaiser Permanente pharmacies provide a number of communication formats and assistive devices for members who are blind, have low vision, or may have difficulties with remembering, understanding, and/or hearing, including:

- Alternative formats (braille, large print, audio, screen readable documents)
- Large print prescription labels and audible prescription labels. The

ScripTalk Station and ScripTalk Mobile App reads aloud specially designed prescription labels. Request audible prescription labels and the ScripTalk station through your local pharmacy, pharmacy call center, or through the mail order pharmacy. Or download the **ScripTalk Mobile App** from the [Apple App Store](https://www.apple.com/app-store) or [Google Play](https://www.google.com/play).

- Assistive listening devices (ALDs), such as a Pocket Talker, which is a personal hearing amplifier
- Sign language interpreters
- Other auxiliary aids and services upon request

For additional information or assistance:

Get local pharmacy or pharmacy call center numbers by:

- **Calling Member Services**, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), or **1-800-757-7585** (Chinese dialects). For TTY, call **711**.
- **Visiting our kp.org online Pharmacy Center**
Click the “Doctors & Locations” tab, then click “Locations,” enter your search criteria, and click “Search.” Select the location you want, then click “Pharmacy.”
- **Using our online pharmacy center:**
Sign into kp.org and click the “Pharmacy” menu option. Then choose from:
 - Fill a prescription
 - Get a cost estimate
 - Find by Rx number
 - Pharmacy locatorClick on “Look for a pharmacy in your area” and enter your search criteria.
 - Transfer Rx (varies by region)

- Additional Resources:
 - o Drug encyclopedia
 - o Drug formulary

Service animals

Kaiser Permanente welcomes service animals in its facilities. Service animals are defined by the Americans with Disabilities Act (ADA) as dogs that are individually trained to do work or perform tasks for people with disabilities. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA and are not permitted in Kaiser Permanente facilities.

Technology access

Kaiser Permanente strives to provide accessible and usable digital resources to all members, including people with disabilities. We continually review and modify our sites and applications to improve their accessibility for people who use assistive technologies. Kaiser Permanente complies with the Web Content Accessibility Guidelines (WCAG) 2.1 Conformance Level A and AA Success Criteria.

- **Our website, kp.org**

Accessibility is a big part of our web development cycle. Our teams design sites to be accessible and usable, and our Digital Accessibility Program assesses all web pages for accessibility using JAWS, VoiceOver, Zoom, and Color Contrast Analyzer screen-reading software.

You can get more information about kp.org accessibility on our [accessibility information page](#).

- **The Kaiser Permanente mobile app**

Accessibility is also a major part of our mobile application development cycle.

Development teams design apps to be accessible and usable, and our Digital Accessibility Program and product quality testers assess all iOS app screens with VoiceOver and Android screens with TalkBack. We also design all native apps to have appropriate contrast and text size for members with low vision.

- **Technology at Kaiser Permanente facilities**

Kaiser Permanente uses a variety of technologies at its medical centers to provide our members with information and services. We design, select, and install these technologies so that as many of our members as possible may use them. However, these technologies don't replace one-on-one help. If you don't know how to use any technologies you encounter during your visits, our employees are here to help you.

- **Need help?**

If you're having accessibility problems with our kp.org website or mobile applications, you can receive help by calling our Website Support helpline at **1-800-556-7677 (TTY 711)**, available 24/7. You can also visit our [Support Center](#) for assistance.

Help in your language

Language Assistance Services

Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**. You can also request auxiliary aids and devices at our facilities.

If you need interpreter services when you call us or when you get covered services, please let us know. Interpreter services, including sign language, are available during all hours of operation at no cost to you. We highly discourage the use of minors or family members as interpreters.

If you visit one of our facilities and no one speaks your language, we have qualified interpreters in more than 150 languages available by phone. If you need a sign language interpreter, a qualified interpreter is available either by video or in person.

For details on alternative formats and auxiliary aids, please see the section titled “Guide for members with disabilities” on page 28.

Ayuda en su idioma

Servicios de asistencia en distintos idiomas

Ofrecemos servicios de asistencia en distintos idiomas sin costo, disponibles las 24 horas del día, los 7 días de la semana. Puede solicitar servicios de interpretación y materiales traducidos en su idioma o en formatos alternativos. Simplemente, llame al **1-800-464-4000**, las 24 horas del día, los 7 días de la semana (cerrado los días festivos). Los usuarios de TTY deben llamar al **711**. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención.

Infórmenos si necesita que le brindemos servicios de interpretación cuando nos llama o cuando recibe servicios cubiertos. El servicio de interpretación, que incluye lenguaje de señas, está disponible durante el horario de atención sin costo alguno. Recomendamos no recurrir a menores ni a familiares para que actúen como intérpretes.

Si visita alguno de nuestros centros de atención y nadie habla su idioma, tenemos intérpretes telefónicos calificados en más de 150 idiomas a disposición. El servicio de intérpretes calificados en lenguaje de señas está disponible por video o en persona.

Para leer información más detallada sobre los formatos alternativos y la ayuda adicional, consulte la sección “Guía para miembros con discapacidades” en la página 28.

以您的語言獲取協助

語言協助服務

您每週 7 天、每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您的語言或轉換為其他格式。

您只需致電 **1-800-464-4000** 與我們聯絡即可，服務時間為每週 7 天，每天 24 小時（節假日休息）。聽障及語障電話專線使用者請致電 **711**。您還可以在我們的設施內申請輔助器材和裝置。

當您來電或接受承保服務時如需口譯服務，請告訴我們。我們可在所有營業時間免費為您提供口譯員服務（包括手語）。我們強烈反對使用未成年人或家人作為口譯員。

如果您前往我們的某家設施就診，而該設施內沒有人會說您的語言，我們可以透過電話提供超過 150 種以上語言的合格口譯員。如果您需要手語翻譯員，合格翻譯員可透過視訊或在現場提供服務。

如需有關其他格式及輔助器材的詳細資訊，請參閱第 28 頁的「殘障會員指南」一節。

Hỗ trợ bằng ngôn ngữ của quý vị

Dịch Vụ Hỗ Trợ Ngôn Ngữ

Chúng tôi cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ 24 giờ một ngày, 7 ngày một tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, biên dịch tài liệu sang ngôn ngữ của quý vị hoặc ở các định dạng khác. Chỉ cần gọi điện cho chúng tôi theo số **1-800-464-4000**, 24 giờ một ngày, 7 ngày một tuần (đóng cửa các ngày lễ). Người dùng TTY gọi số **711**. Quý vị cũng có thể yêu cầu các thiết bị và trợ giúp phụ trợ tại các cơ sở của chúng tôi.

Nếu quý vị cần dịch vụ thông dịch khi gọi điện cho chúng tôi hoặc khi quý vị được cung cấp các dịch vụ được đài thọ, vui lòng cho chúng tôi biết. Dịch vụ thông dịch, kể cả dấu ngữ, được cung cấp cho quý vị hoàn toàn miễn phí trong giờ làm việc. Chúng tôi không khuyến khích sử dụng trẻ vị thành niên hoặc thành viên gia đình làm thông dịch viên.

Nếu quý vị đến một trong những cơ sở của chúng tôi nhưng không ai nói được ngôn ngữ của quý vị, chúng tôi có các thông dịch viên đủ trình độ qua điện thoại bằng hơn 150 ngôn ngữ. Nếu quý vị cần thông dịch viên ngôn ngữ ký hiệu, chúng tôi có thông dịch viên đủ trình độ qua video hoặc trực tiếp.

Để biết thông tin chi tiết về các định dạng thay thế và trợ giúp phụ trợ, vui lòng xem mục có tiêu đề “Hướng dẫn dành cho hội viên khuyết tật” trên trang 28.

Language Assistance Services

English: Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Arabic: خدمات الترجمة الفورية متوفرة لك مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق اللغتك أو لصيغ أخرى. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

Armenian: Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Farsi: خدمات زبانی در 24 ساعت شبانه روز و 7 روزهفت بدون اخذ هزینه در اصل شماست شما می‌توانید برای خدمات ترجمه شفاهی ترجمه جزوات به زبان شما و به صورت های دیگر درخواست کنید. کلاس است در 24 ساعت شبانه روز و 7 روزهفت به استثنای روز های تعطیل (بها مشماره **1-800-464-4000** تماس بگیرید. کلاس بران TTY شما را **711** تماس بگیرید.

Hindi: बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

Hmong: Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntauv txhais ua koj hom lus, los yog ua lwm hom. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg (cov hnuv caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

Khmer: ជំនួយភាសា គឺមានឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែសំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711**។

Korean: 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ພຽງ ແຕ່ໂທອາທິດເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Navajo: Saad bee áká'a'ayeed náhóló t'áá jiiik'é, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji. Atah halne'é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadji hadilyaa'go, éi doodaii' nááná lá a'aa'ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji (Dahodiyin biniiyé e'e'aahgo éi da'deelkaal). TTY chodeeyoolnigíí kojí hodiilnih **711**.

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫੋਨ ਕਰਨ।

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมงทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

Vietnamese: Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente follows State and Federal civil rights laws.

Kaiser Permanente does not unlawfully discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters
 - ◆ Information written in other languages

If you need these services, call our Member Service Contact Center at **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, or another format, call our Member Service Contact Center and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with Kaiser Permanente if you believe we have failed to provide these services or unlawfully discriminated in another way. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You may also speak with a Member Services representative about the options that apply to you. Please call Member Services if you need help filing a grievance.

You may submit a discrimination grievance in the following ways:

- **By phone:** Call Member Services at **1 800-464-4000** (TTY **711**) 24 hours a day, 7 days a week (except closed holidays)
- **By mail:** Call us at **1 800-464-4000** (TTY **711**) and ask to have a form sent to you
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at kp.org/facilities for addresses)
- **Online:** Use the online form on our website at kp.org

You may also contact the Kaiser Permanente Civil Rights Coordinators directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator

Member Relations Grievance Operations

P.O. Box 939001

San Diego CA 92193

How to file a grievance with the California Department of Health Care Services Office of Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)

- **By mail:** Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights

Department of Health Care Services

Office of Civil Rights

P.O. Box 997413, MS 0009

Sacramento, CA 95899-7413

Complaint forms are available at:

http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)

- **By mail:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

- **Online:** Visit the Office of Civil Rights Complaint Portal at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Aviso de no discriminación

La discriminación es ilegal. Kaiser Permanente cumple con las leyes de los derechos civiles federales y estatales.

Kaiser Permanente no discrimina ilícitamente, excluye ni trata a ninguna persona de forma distinta por motivos de edad, raza, identificación de grupo étnico, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, género, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, condición médica, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

Kaiser Permanente ofrece los siguientes servicios:

- Ayuda y servicios sin costo a personas con discapacidades para que puedan comunicarse mejor con nosotros, como lo siguiente:
 - ◆ intérpretes calificados de lenguaje de señas,
 - ◆ información escrita en otros formatos (braille, impresión en letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Servicios de idiomas sin costo a las personas cuya lengua materna no es el inglés, como:
 - ◆ intérpretes calificados,
 - ◆ información escrita en otros idiomas.

Si necesita nuestros servicios, llame a nuestra Central de Llamadas de Servicio a los Miembros al **1-800-464-4000** (TTY **711**) las 24 horas del día, los 7 días de la semana (excepto los días festivos). Si tiene deficiencias auditivas o del habla, llame al **711**.

Este documento estará disponible en braille, letra grande, casete de audio o en formato electrónico a solicitud. Para obtener una copia en uno de estos formatos alternativos o en otro formato, llame a nuestra Central de Llamadas de Servicio a los Miembros y solicite el formato que necesita.

Cómo presentar una queja ante Kaiser Permanente

Usted puede presentar una queja por discriminación ante Kaiser Permanente si siente que no le hemos ofrecido estos servicios o lo hemos discriminado ilícitamente de otra forma. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)* para obtener más información. También puede hablar con un representante de Servicio a los Miembros sobre las opciones que se apliquen a su caso. Llame a Servicio a los Miembros si necesita ayuda para presentar una queja.

Puede presentar una queja por discriminación de las siguientes maneras:

- **Por teléfono:** llame a Servicio a los Miembros al **1 800-464-4000** (TTY **711**), las 24 horas del día, los 7 días de la semana (excepto los días festivos).
- **Por correo postal:** llámenos al **1 800-464-4000** (TTY **711**) y pida que se le envíe un formulario.
- **En persona:** llene un formulario de Queja o reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte su directorio de proveedores en kp.org/facilities [cambie el idioma a español] para obtener las direcciones).

- **En línea:** utilice el formulario en línea en nuestro sitio web en kp.org/espanol.

También puede comunicarse directamente con el coordinador de derechos civiles (Civil Rights Coordinator) de Kaiser Permanente a la siguiente dirección:

Attn: Kaiser Permanente Civil Rights Coordinator

Member Relations Grievance Operations

P.O. Box 939001

San Diego CA 92193

Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California *(Solo para beneficiarios de Medi-Cal)*

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles (Office of Civil Rights) del Departamento de Servicios de Atención Médica de California (California Department of Health Care Services) por escrito, por teléfono o por correo electrónico:

- **Por teléfono:** llame a la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) al **916-440-7370** (TTY **711**).
- **Por correo postal:** llene un formulario de queja o envíe una carta a:

Deputy Director, Office of Civil Rights
 Department of Health Care Services
 Office of Civil Rights
 P.O. Box 997413, MS 0009
 Sacramento, CA 95899-7413

Los formularios de queja están disponibles en:

http://www.dhcs.ca.gov/Pages/Language_Access.aspx (en inglés).

- **En línea:** envíe un correo electrónico a CivilRights@dhcs.ca.gov.

Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU.

Puede presentar una queja por discriminación ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services). Puede presentar su queja por escrito, por teléfono o en línea:

- **Por teléfono:** llame al **1-800-368-1019** (TTY **711** o al **1-800-537-7697**).
- **Por correo postal:** llene un formulario de queja o envíe una carta a:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201

Los formularios de quejas están disponibles en

<http://www.hhs.gov/ocr/office/file/index.html> (en inglés).

- **En línea:** visite el Portal de quejas de la Oficina de Derechos Civiles en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> (en inglés).

反歧視聲明

歧視是違反法律的行為。Kaiser Permanente 遵守州政府與聯邦政府的民權法。

Kaiser Permanente 不因年齡、人種、族群認同、膚色、原國籍、文化背景、祖籍、宗教、生理性別、社會性別、性認同、性表現、性取向、婚姻狀況、身體或精神殘障、病況、付款來源、遺傳資訊、公民身份、母語或移民身份而非法歧視、排斥或差別對待任何人。

Kaiser Permanente 提供下列服務：

- 為殘障人士提供免費協助與服務以幫助其更好地與我們溝通，例如：
 - ◆ 合格手語翻譯員
 - ◆ 其他格式的書面資訊（盲文版、大字版、語音版、通用電子格式及其他格式）
- 為母語非英語的人士提供免費語言服務，例如：
 - ◆ 合格口譯員
 - ◆ 其他語言的書面資訊

如果您需要上述服務，請打電話 **1-800-464-4000 (TTY 711)** 給會員服務聯絡中心，每週 7 天，每天 24 小時（節假日除外）。如果您有聽力或語言困難，請打電話 **711**。

若您提出要求，我們可為您提供本文件的盲文版、大字版、錄音卡帶或電子格式。如要得到上述一種替代格式或其他格式的版本，請打電話給會員服務聯絡中心並索取您需要的格式。

如何向 Kaiser Permanente 投訴

如果您認為我們未能提供上述服務或有其他形式的非法歧視行為，您可向 Kaiser Permanente 提出歧視投訴。請參閱您的《承保範圍說明書》(*Evidence of Coverage*) 或《保險證明》(*Certificate of Insurance*) 瞭解詳情。您也可以向會員服務部代表諮詢適用於您的選項。如果您在投訴時需要協助，請打電話給會員服務部。

您可透過下列方式投訴歧視：

- **電話：**打電話**1 800-464-4000 (TTY 711)** 聯絡會員服務部，每週7天，每天24小時（節假日除外）
- **郵寄：**打電話**1 800-464-4000 (TTY 711)** 與我們聯絡，要求將投訴表寄給您
- **親自提出：**在保險計劃下屬設施的會員服務辦公室填寫投訴或索賠／申請表（請在 kp.org/facilities 網站的保健業者名錄上查詢地址）
- **線上：**使用 kp.org 網站上的線上表格

您也可直接與 Kaiser Permanente 民權事務協調員聯絡，地址如下：

Attn: Kaiser Permanente Civil Rights Coordinator

Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

如何向加州保健服務部民權辦公室投訴（僅限 *Medi-Cal* 受益人）

您也可透過書面方式、電話或電子郵件向加州保健服務部民權辦公室提出民權投訴：

- **電話：**打電話**916-440-7370 (TTY 711)** 聯絡保健服務部 (DHCS) 民權辦公室
- **郵寄：**填寫投訴表或寄信至：

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

您可在網站上 http://www.dhcs.ca.gov/Pages/Language_Access.aspx 取得投訴表

- **線上：**發送電子郵件至 CivilRights@dhcs.ca.gov

如何向美國健康與民眾服務部民權辦公室投訴

您可向美國健康與民眾服務部民權辦公室提出歧視投訴。您可透過書面、電話或線上提出投訴：

- **電話：**打電話**1-800-368-1019 (TTY 711或1-800-537-7697)**
- **郵寄：**填寫投訴表或寄信至：

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

您可在網站上取得投訴表：

<http://www.hhs.gov/ocr/office/file/index.html> 取得投訴表

- **線上：**訪問民權辦公室投訴入口網站：
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>。

Thông Báo Không Phân Biệt Đối Xử

Phân biệt đối xử là trái với pháp luật. Kaiser Permanente tuân thủ các luật dân quyền của Tiểu Bang và Liên Bang.

Kaiser Permanente không phân biệt đối xử trái pháp luật, loại trừ hay đối xử khác biệt với người nào đó vì lý do tuổi tác, chủng tộc, nhận dạng nhóm sắc tộc, màu da, nguồn gốc quốc gia, nền tảng văn hóa, tổ tiên, tôn giáo, giới tính, nhận dạng giới tính, cách thể hiện giới tính, khuynh hướng giới tính, tình trạng hôn nhân, tình trạng khuyết tật về thể chất hoặc tinh thần, bệnh trạng, nguồn thanh toán, thông tin di truyền, quyền công dân, ngôn ngữ mẹ đẻ hoặc tình trạng nhập cư.

Kaiser Permanente cung cấp các dịch vụ sau:

- Phương tiện hỗ trợ và dịch vụ miễn phí cho người khuyết tật để giúp họ giao tiếp hiệu quả hơn với chúng tôi, chẳng hạn như:
 - ◆ Thông dịch viên ngôn ngữ ký hiệu đủ trình độ
 - ◆ Thông tin bằng văn bản theo các định dạng khác (chữ nổi braille, bản in khổ chữ lớn, âm thanh, định dạng điện tử để truy cập và các định dạng khác)
- Dịch vụ ngôn ngữ miễn phí cho những người có ngôn ngữ chính không phải là tiếng Anh, chẳng hạn như:
 - ◆ Thông dịch viên đủ trình độ
 - ◆ Thông tin được trình bày bằng các ngôn ngữ khác

Nếu quý vị cần những dịch vụ này, xin gọi đến Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi theo số **1-800-464-4000 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần (đóng cửa ngày lễ). Nếu quý vị không thể nói hay nghe rõ, vui lòng gọi **711**.

Theo yêu cầu, tài liệu này có thể được cung cấp cho quý vị dưới dạng chữ nổi braille, bản in khổ chữ lớn, băng thu âm hay dạng điện tử. Để lấy một bản sao theo một trong những định dạng thay thế này hay định dạng khác, xin gọi đến Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi và yêu cầu định dạng mà quý vị cần.

Cách đệ trình phàn nàn với Kaiser Permanente

Quý vị có thể đệ trình phàn nàn về phân biệt đối xử với Kaiser Permanente nếu quý vị tin rằng chúng tôi đã không cung cấp những dịch vụ này hay phân biệt đối xử trái pháp luật theo cách khác. Vui lòng tham khảo *Chứng Từ Bảo Hiểm (Evidence of Coverage)* hay *Chứng Nhận Bảo Hiểm (Certificate of Insurance)* của quý vị để biết thêm chi tiết. Quý vị cũng có thể nói chuyện với nhân viên ban Dịch Vụ Hội Viên về những lựa chọn áp dụng cho quý vị. Vui lòng gọi đến ban Dịch Vụ Hội Viên nếu quý vị cần được trợ giúp để đệ trình phàn nàn.

Quý vị có thể đệ trình phàn nàn về phân biệt đối xử bằng các cách sau đây:

- **Qua điện thoại:** Gọi đến ban Dịch Vụ Hội Viên theo số **1-800-464-4000 (TTY 711)** 24 giờ trong ngày, 7 ngày trong tuần (đóng cửa ngày lễ)
- **Qua thư tín:** Gọi chúng tôi theo số **1-800-464-4000 (TTY 711)** và yêu cầu gửi mẫu đơn cho quý vị

- **Trực tiếp:** Hoàn tất mẫu đơn Than Phiền hay Yêu Cầu Thanh Toán/Yêu Cầu Quyền Lợi tại văn phòng dịch vụ hội viên ở một Cơ Sở Thuộc Chương Trình (truy cập danh mục nhà cung cấp của quý vị tại kp.org/facilities để biết địa chỉ)
- **Trực tuyến:** Sử dụng mẫu đơn trực tuyến trên trang mạng của chúng tôi tại kp.org

Quý vị cũng có thể liên hệ trực tiếp với Điều Phối Viên Dân Quyền của Kaiser Permanente theo địa chỉ dưới đây:

Attn: Kaiser Permanente Civil Rights Coordinator

Member Relations Grievance Operations

P.O. Box 939001

San Diego CA 92193

Cách đệ trình phàn nàn với Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế California (*Dành Riêng Cho Người Thụ Hưởng Medi-Cal*)

Quý vị cũng có thể đệ trình than phiền về dân quyền với Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế California bằng văn bản, qua điện thoại hay qua email:

- **Qua điện thoại:** Gọi đến Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế (Department of Health Care Services, DHCS) theo số **916-440-7370** (TTY **711**)
- **Qua thư tín:** Điền mẫu đơn than phiền và hay gửi thư đến:

Deputy Director, Office of Civil Rights

Department of Health Care Services

Office of Civil Rights

P.O. Box 997413, MS 0009

Sacramento, CA 95899-7413

Mẫu đơn than phiền hiện có tại: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Trực tuyến:** Gửi email đến CivilRights@dhcs.ca.gov

Cách đệ trình phàn nàn với Văn Phòng Dân Quyền của Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ.

Quý vị cũng có quyền đệ trình than phiền về phân biệt đối xử với Văn Phòng Dân Quyền của Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ. Quý vị có thể đệ trình than phiền bằng văn bản, qua điện thoại hoặc trực tuyến:

- **Qua điện thoại:** Gọi **1-800-368-1019** (TTY **711** hay **1-800-537-7697**)
- **Qua thư tín:** Điền mẫu đơn than phiền và hay gửi thư đến:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Mẫu đơn than phiền hiện có tại

<http://www.hhs.gov/ocr/office/file/index.html>

- **Trực tuyến:** Truy cập Cổng Thông Tin Than Phiền của Văn Phòng Dân Quyền tại: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.