

MATERNAL AND CHILD HEALTH RIGHTS AND RESPONSIBILITIES

Client Name: _____

DOB: _____

The following Rights and Responsibilities ensure that you are advised of what to expect from Maternal and Child Health (MCH) and the Care Coordinator. These Rights and Responsibilities also specify what Maternal and Child Health and the Care Coordinator can expect from you.

As a client of Maternal and Child Health you have the right to:

- < Take an active role in your or your child’s medical and educational plan.
- < Receive privacy and confidentiality concerning medical care, and information related to your or your child’s care.
- < Receive education about your or your child’s health status, healthcare options and consequences of selected options to assist in your decision making, involvement, continued care, promotion of a healthy lifestyle.
- < Receive care from MCH approved and authorized providers as specified in your MCH correspondence.
- < Express spiritual beliefs and cultural practices that do not harm others or interfere with the treatment.
- < Request or obtain a second opinion at your expense.
- < Present a complaint to your Care Coordinator and receive a timely response.
- < Be treated fairly, equally, and without regard to race, color, sex, religion, political beliefs, or national origin, gender, age, or disability.
- < Appeal a MCH decision by calling the Program Manager at (307) 777-6921 or 800-438-5795.

As a client of Maternal and Child Health your responsibilities include:

- < Asking your care coordinator for help if needed.
 - < Having an advocate present during planning meetings for your child.
 - < Keeping medical and educational records.
 - < Keeping all medical appointments or call to cancel in advance if necessary.
 - < Keeping the Care Coordinator informed of appointments for prior authorization.
 - < I understand that I must reapply annually for MCH services. I must reapply on or before the date on which my MCH eligibility runs out.
 - < Following through with all medical and educational recommendations.
 - < I understand that if Wyoming Department of Health (WDH) pays for medical or other related services, they have the right to collect from a third person or from available insurance or from settlements for accidents or injuries. If I receive any medical reimbursement payments from insurance companies or other potentially liable third parties while I am enrolled in MCH, I must pay WDH back.
 - < Contacting your Care Coordinator about changes in your or your child’s condition, medical/educational plan, address, phone number, income, healthcare coverage or household situations. If a change occurs, I must notify my Care Coordinator within 30 days.
- Failure to follow through with these responsibilities may result in MCH or the Care Coordinator closing your case.*

My name is: _____

You can contact me at: _____

As your Care Coordinator my responsibilities include:

- < Assist with application for Maternal and Child Health services.
- < Assess needs and provide or refer for preventive health services (immunizations), primary care, medical home, dental care, family support.
- < Assist with setting up appointments if needed.
- < Coordinate information between family and providers.
- < Keep State MCH Office informed of changes in status as family reports.
- < Assist with applying for travel assistance if needed.

I certify that I have read and understand the Rights and Responsibilities on this notification.

Parent/Guardian/Client Signature

Date

Care Coordinator Signature

Date

Care Coordinators are required by law to report any suspected child abuse or neglect.