



PATH TO HEALTH DECLARATIONS AND RIGHTS

Read the following carefully before signing.

I UNDERSTAND THAT:

1. I am applying for the Path to Health program and I must currently be enrolled in a restricted scope Medi-Cal program (e.g. "emergency services only") for me to be approved for Path to Health.
2. My enrollment in a restricted scope Medi-Cal program will be verified as a condition of Path to Health eligibility.
3. At the time of enrollment, I must provide verification that I am a resident of a CMSP county in which I am applying for Path to Health.
4. If the information I provide as a part of my Path to Health application is found to be inaccurate, I may be immediately disqualified from the program. In addition, I may be billed for all services provided to me under Path to Health, and I may be investigated for suspected fraud.
5. I am not eligible for Path to Health if I am fleeing to avoid prosecution, custody or confinement after conviction for a crime that is a felony under the laws of the place that I am fleeing, or violating a condition of probation or parole imposed under Federal or State Law.
6. Path to Health is not an insurance program and health care benefits under the program are available only through designated community health centers and designated pharmacies.
7. I must obtain Path to Health services from the community health center where I enroll in Path to Health and designated pharmacies. I understand that if I receive Path to Health services from a different medical provider that is not a part of that community health center where I enrolled or non-designated pharmacies, I may be responsible for the cost of the services I receive and that I may also be billed for these services.
8. Enrollment in Path to Health starts the day that my application is completed and approved.
9. Enrollment in Path to Health is up to a 6-month term, and I need to reapply to extend my Path to Health benefits for another 6-month term.
10. Following enrollment in Path to Health, I am responsible for telling my medical provider at the community health center that I am a Path to Health member.
11. I must show my Path to Health Identification Card to my medical provider at the community health center when I get medical care and to the pharmacy when I get my prescriptions.
12. I must notify my medical provider if I move or plan to move to another county or to another state or country.
13. I may be disenrolled from Path to Health if I abuse the program, such as making threats or disrupting other patients or health care provider staff at community health centers and pharmacies that participate in Path to Health.

I HAVE THE RIGHT TO:

1. Be treated fairly and equally regardless of race, color, religion, national origin, sex, age, sexual orientation, marital status or political beliefs.
2. Receive a Path to Health Identification Card (and member guide) within fourteen (14) days of enrollment.
3. Have all information I give to the health care provider where I enroll in Path to Health kept in the strictest confidence, in compliance with all federal and state confidentiality laws.
4. Disenroll from Path to Health upon request.

I hereby state that I have read the information on this form and that I fully understand my declarations and rights associated with my enrollment and participation in Path to Health. Further, I understand that these declarations and rights apply as long as I am a Path to Health member.

I certify and declare under penalty of perjury under the laws of the State of California that the information I have provided for enrollment in Path to Health is true, correct and complete to the best of my knowledge. Further, by signing this form I authorize the community health center, as well as agents and contractors of the Path to Health program, to utilize my enrollment and health care services information for health care administration purposes that comply with all federal and state confidentiality laws.

Applicant Signature

Date

Applicant Assistant Signature

SAMPLE

I decline to sign the above declaration.