PATIENT RIGHTS AND RESPONSIBILITIES

HOPE Family Health seeks to improve access to primary medical and behavioral health care, pharmacy, and dental services for rural Middle Tennessee, including the uninsured and under-insured, poor, homeless, children, migrant workers, and those with substance addictions. HOPE seeks to restore dignity, faith, hope, and health to those we serve by making them partners in the healing process.

RIGHTS

Each HOPE patient has the right:

- To receive prompt, competent care in a clean, safe environment, regardless of race, color, gender, age, religion, national origin, sexual orientation, gender identity, religion, disability, economic status, source of payment, or ability to pay.
- To receive prompt, life-saving treatment in an emergency without discrimination regardless of race, color, gender, age, religion, national origin, sexual orientation, gender identity, religion, disability, economic status, source of payment, or ability to pay.
- To be treated with respect and dignity.
- To make reasonable requests regarding their need for treatment or services, and for those requests to be honored within HOPE's capacity to provide and in the best interest of the care plan.
- To know HOPE will honor and protect your right to privacy during delivery of health services, as well as the privacy of your health and financial information.
- To be provided informed consent to the extent the law allows, and to be told in an easy-to-understand way about your care and the different kind of treatment options that exist for your condition, regardless of cost, benefit coverage, or your ability to pay.
- To participate with providers in making decisions about your health care.
- To receive information about the policies and services of your coverage plan, its services, caregivers, how it pays its providers, and your rights and duties as a member.
- To request and receive information HOPE has available relative to financial assistance and free or discounted health care.
- To request the name and specialty, if any, of the provider responsible for your care or for the coordination of your care.
- To choose a provider in your plan's network, or to accept or refuse to be examined, observed, and treated by certain providers, according to your coverage plan.
- To accept or refuse to be examined, observed, or treated by students and/or any other HOPE Family Health staff without jeopardizing access to psychiatric, psychological, or other medical care or attention.
- To refuse to serve as a research subject or to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- To see and/or receive copies of your own medical records, and to ask for and receive corrections if the records are inaccurate.
- To receive information about or assistance in executing a Health Care Proxy, living will, advance care plan or Advance Medical Directive.
- To voice or file a complaint or an appeal about HOPE and the care it provides, or about your coverage plan organization.
- To make recommendations or suggestions for improvements in service by HOPE or by your coverage organization.

RESPONSIBILITIES

Each HOPE patient has the responsibility:

- To keep your appointment, or to notify HOPE Family Health at 615-644-2000, at least 24 hours in advance when possible, if you cannot keep a scheduled appointment.
- To provide, to the best of your knowledge, accurate and complete information needed by HOPE and its providers in order to provide care, including present complaints, past illnesses, hospitalizations, medications, advanced care directives, and other matters relevant to health care.
- To inform HOPE Family Health promptly if you do not understand any matter relating to your care, treatment, or instructions with which you cannot comply.
- To treat HOPE staff with respect.
- To be considerate of other patients and see that your visitors are also considerate, especially with regard to noise.
- To observe HOPE's tobacco and drug-free policy.
- To abide by HOPE's rules and regulations, including wearing masks and distancing as required by circumstances.
- To provide HOPE with necessary information regarding coverage of your health center charges, including showing your ID card, if applicable.
- To follow the plans and instructions that you and your practitioner have agreed upon as part of your treatment, and to take responsibility for your actions if you choose to refuse treatment or do not follow your treatment instructions.

COMPLAINTS AND GRIEVANCES

- HOPE Family Health – You have the right to have your verbal or written grievances submitted and investigated, and to receive written notice of HOPE's decision. You may call HOPE's Chief Operating Officer at 615-644-2000 or send your grievance by mail to HOPE Family Health, Attn: Chief Operating Officer, 1124 New Hwy. 52E, Westmoreland, TN 37186.
- BCBS of Tennessee – Medicare Advantage Appeal and Complaints Dept., 1, Cameron Hill Circle, Suite 0005, Chattanooga, TN 37402.
- TennCare – Call 1-800-600-4441, or send your grievance by mail to ATTN: Member Complaints, 22 Century Blvd., Suite 310, Nashville, TN 37214. Include your name, address, daytime telephone number, and Social Security number. You may write your complaint on a blank sheet of paper or use the Unfair Treatment Complaint Page in Part 8 of the Tennessee Member Handbook.