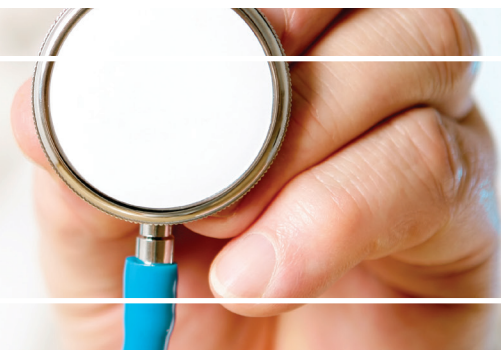


Your Rights and Responsibilities While Receiving Care at FHN



You have the right to:

1. Be treated with respect, dignity and compassion.
2. Be assured that your personal and medical records as well as your treatment and personal needs will be kept confidential, including restricting the use and disclosure of health information and access to your record.
3. Receive necessary and understandable information including risks, benefits, costs and alternatives in order to give informed consent for treatment or refuse treatment. This includes the opportunity for you and the people you choose to participate in decisions about your plan of care.
4. Receive appropriate pain assessment and management.
5. Have the intent of an Advance Directive (such as a Living Will or Power of Attorney for healthcare) honored by FHN and/or to receive information and assistance in completing an Advance Directive.
6. To have your provider notified of a hospital admission and to know the identity and role of those involved in your care as well as information about other organizations with whom the FHN collaborates to provide healthcare.
7. Register a complaint about your care without being threatened, restrained or discriminated against in any way.
8. Be free from neglect and abuse and to have access to medical and behavioral services, spiritual care, interpreter services and referrals designed to assist you.
9. Speak in confidence with healthcare providers and to have your healthcare information protected. You also have the right to obtain and review a copy of your own medical record and formally request that your provider amend your record if it is not accurate, relevant or complete.
10. A safe and secure healthcare environment. In the event of a medical or healthcare error, you have the right to an explanation and thorough investigation.
11. To consent or refuse to have visitors. This includes designating visitors who you wish to or wish not to see. You may also withdraw your consent at any time.

You have the responsibility to:

1. Provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
2. Provide current and accurate information concerning your insurance and contact information.
3. Report perceived risks in your care and unexpected changes in your condition to your providers(s) and other healthcare providers.
4. Report any perceived or identified safety issues related to your care or the physical environment to your providers(s) or other healthcare providers.
5. Ask questions when you do not understand what you have been told about your care or what you are expected to do regarding your care.
6. Follow your treatment plan established by your provider, including the instructions of nurses and other health professionals as they carry out your provider's orders.
7. Participate in decisions regarding your medical care, including planning and implementing your plan of care. This includes providing your caregivers with a current copy of your Advance Directive and discussing your expectations with them.
8. Accept responsibility for your actions should you refuse treatment or not follow your provider's orders.
9. To be considerate and respectful to other patients, visitors and FHN's personnel and property.
10. To accept financial responsibility for your healthcare services and to work cooperatively to resolve your financial obligations.

