

# MissionPoint

HEALTH PARTNERS

## Patient Rights and Responsibilities

*MissionPoint Health Partners, an Accountable Care Organization, is a partnership between members, their loved ones, their physicians and our Health Partners, that aims to improve members' overall health.*

*MissionPoint Health Partners respects your rights, values and dignity, and we ask that you recognize the responsibilities that come with being a member of our organization. Please review these rights and responsibilities and discuss them with your health partners, caregivers and family.*

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### Patient Rights

- You have the right to safe, high quality, compassionate healthcare, without fear of discrimination of any kind.
- You have the right to the most appropriate medical management available, delivered in a safe, courteous, and respectful manner.
- You have the right to have your illness, treatment, alternatives and outcomes explained in a manner and language you can understand, including the use of interpretation services as needed.
- You have the right to learn about all services and programs that we provide. Your health partner is available to answer any questions or you can call MissionPoint at (615) 284-6808.
- You or your personal representative has the right to participate in the development and implementation of your plan of care.
- You have the right to disenroll from our programs. Participation in MissionPoint is a decision by either your physician or insurance company and we are under contract to provide your case management. To disenroll in membership, you may have to change primary care physicians. If you would like to disenroll from a particular program, please notify your health partner or Member Experience at (615) 284-6808. To no longer be a member of MissionPoint; please contact (615) 284-6808.
- You have the right to register a complaint. To do so, please contact our Member Experience team at (615) 284-6808. You have the right to timely follow up and notification of the resolution. Our standards on the complaint process are available to you. If you do not feel your complaint was handled properly, you have the right to call the Tennessee Department of Health, Health Facilities Complaint Hotline (877) 287-0010

- You have the right to make informed decisions about your care in collaboration with your physician, health partner and other caregivers. You have the right to accept or refuse medical care, including life sustaining and resuscitative treatment, to the extent permitted by law. You have the right to be informed of the medical consequences of your decisions.
- You have the right to know the identity and professional status of persons managing your care. If you would like a new health partner assigned to you, please contact our Member Experience team at (615) 284-6808.
- You have the right to complete, ongoing information concerning your diagnosis, treatment, and any known prognosis.
- You have the right to assistance with and to participate in the consideration of ethical issues that may arise in the course of your care.
- You have the right to know what rules and regulations apply to you as a member.
- You have the right to private and confidential treatment/personal care, communications and medical records to the extent permitted by law.
- You have the right to have information regarding your medical treatment explained to your family member or other appropriate individual when you are unable to participate in decisions about your care.
- You have the right to receive information about and assistance with advance directives, (Living Will/ Advance Care Plan; Durable Power of Attorney for Healthcare/ Surrogate Decision Maker for Healthcare/Physician Orders for Scope of Treatment), which may include delegation of the right to make decisions about your care to a personal representative, as well as designation of a support person. You have the right to review and revise existing directives.
- You have the right to have your treatment preferences honored and to receive the same level of services whether or not you have a written advance directive.
- You have the right to access the information in your medical records within a reasonable timeframe. You have the right to request amendments to your medical record. You have the right to receive an accounting of disclosures of your medical information, within the limits of the law.
- You have the right to know who has access to your medical record. To obtain a copy, please call our Member Experience team at (615) 284-6808.
- You have the right to access information about any contractual agreements of MissionPoint Health Partners.
- You have the right to be free from all forms of abuse, neglect and exploitation, and the right to access protective or advocacy services when indicated or required.
- Appeals about your insurance company's payment must be made per your insurance company's policy. Please contact the number on your insurance card for any appeals.
- You have the right to the involvement of a support individual of your choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be your surrogate decision maker or legally authorized representative.

## Patient Responsibilities

- You are responsible for providing your physician and health partner with all necessary information about your medical history, hospitalizations, medications, and other matters related to your health.
- You are responsible to communicate with those involved in your care, including asking questions if medical information or instructions are not clear to you.
- You are responsible for following your plan of care. If you are unable or unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment. You are responsible for the outcomes of not following your plan of care.
- You are responsible to respect your physician and health partners' efforts to provide care and treatment to other patients.
- You are responsible to act in a manner that is respectful of staff and to ask your family and loved ones to do the same.
- You are responsible to provide your physician and health partner with a copy of your advance directive, and to inform your family or preferred decision maker about your wishes and the location of any advance directives.
- You are responsible to provide your health partner, physician and member experience representative with financial and health insurance information necessary to assist you in your health goals.
- You are responsible to notify MissionPoint Health Partners and your physician if you decide to disenroll from a program.