

Unless medically contraindicated, you are assured of the rights that follow:

You have the right:

1. To reasonable response to your requests and need for treatment or service within FHCP's capacity, and applicable laws and regulations.
2. To be informed about, consent to, or refusal of, recommended treatment.
3. To present Grievances without compromise to future health care, if you feel these rights have not been provided.
4. To file an Appeal. Contact FHCP's Member Services Department at 1-877-615-4022.
5. To be treated with dignity and consideration as an individual with personal value and belief systems, with compassion and respect, with reasonable protection from harm, and with appropriate privacy.
6. To receive quality health care with respect and dignity regardless of race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.
7. To be informed about your diagnoses, treatments, and prognoses. When concern for your health makes it inadvisable to give such information to you, such information will be made available to an individual designated by you or to a legally authorized individual.
8. To be assured of confidential treatment of disclosures and records; and to be afforded an opportunity to approve or refuse the release of such information, except when release is required by law.
9. To refuse treatment to the extent permitted by law and be informed of the consequences of your refusal. When refusal of treatment by the member or his/her legally authorized representative prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the member may be terminated upon reasonable notice.
10. To participate in decisions involving your health care, including ethical issues and cultural and spiritual beliefs, unless concerns for your health contraindicates.
11. To information about FHCP, its providers and practitioners as well as your member rights and responsibilities.
12. To participate in discussions involving medically necessary treatment options regardless of cost and/or benefit coverage.
13. To refuse to participate in experimental research.
14. To know the name of the physician coordinating your health care and to request a change in writing of your primary care provider.
15. To make decisions concerning such medical care, including the right to accept or refuse medical treatment or surgical treatment and the right to formulate advance directives (i.e. "Living Wills", etc.) in accordance with the Federal Law titled "Patient Self Determination Act" and the Florida Statute Chapter 765 "Health Care Advance Directive." These rights shall also include the right to appoint another either by Power of Attorney or by designation of a Health Care Surrogate to make Health Care Decisions for you and to provide informed consent if you are incapable of doing so.
16. To make recommendations regarding the organizations member rights and responsibilities policy.

Complying with the following list of Member's Responsibilities is most important to assure you of the highest quality of care at the most reasonable cost. The list also indicates the importance of your contribution in the outcome of your care.

YOU ARE RESPONSIBLE FOR:

1. To provide accurate and complete information about your present complaints, past illnesses, medications, and unexpected changes in your condition.
2. To promptly respond to FHCP's request for information regarding you and/or your dependents in relation to covered services.
3. To understand, ask questions, and follow recommended treatment plan(s) to the best of your ability.
4. To understand your health problems and to participate in developing mutually agreed upon goals to the best of your ability.
5. To keep appointments reliably and arrive on time or to notify the provider, ideally 24 hours in advance, if you are unable to keep an appointment.
6. To follow safety rules and posted signs.
7. To demonstrate respect and consideration towards medical personnel and other members.
8. To understand that you are responsible for your actions and the possible consequences, if you refuse treatment or do not follow provider's instructions.
9. To receive all of your health care through FHCP, with the exception of emergency care. (Members with a *Point of Service* or *Triple Option Rider* see your *Plan Benefit Sheet*).
10. To know your medicines and take them according to the instructions provided.
11. To report emergency treatment to FHCP at 1-877-615-4022.
12. To present your FHCP membership identification card each time you drop off and pick up a prescription.
13. To use emergency room facilities only for medical emergencies and serious accidents.
14. To be financially responsible for any Copayments, Co-insurance, and/or Deductibles and to provide current information concerning your FHCP membership status to the provider.