



An Independent Licensee of the Blue Cross and Blue Shield Association

TO: FHCP CONTRACTED PROVIDERS

FROM: CAROL COOPER, L.P.N. / PROVIDER RELATIONS COORDINATOR

DATE: JANUARY 11, 2011

RE: FHCP MEMBER'S RIGHTS AND RESPONSIBILITIES

In accordance with accreditation requirements, attached are the FHCP Member's Rights and Responsibilities. These are also available in the FHCP Provider Handbook and at www.fhcp.com. A Spanish version is also available on the web site.

If you have any questions in reference to this memo, please contact me at 386 / 615-4001 or at ccooper@fhcp.com. Thank you.

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 understand and follow recommended treatment plan(s);
3. To keep appointments reliably and promptly or notify FHCP when unable to do so;
4. To follow safety rules and posted signs;
5. To be considerate and respectful of all medical personnel and other members;
6. To understand that you are responsible for your actions and the possible consequences, if you refuse treatment or do not follow physician instructions;
7. To get all health care through FHCP, except for emergency care;
8. To know your medicines and take them according to instructions;
9. To report emergency treatment to FHCP's Business Office as soon as possible;
10. To present your FHCP identification card each time you go to pick up a prescription;
11. To use emergency room facilities only for medical emergencies and serious accidents.

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

You have the right:

1. To reasonable response to your requests and needs for treatment or service within FHCP's capacity, mission, 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 for details.
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, testings, 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 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 refuse to participate in experimental research.
12. To know the name of the physician coordinating your health care and to request a change in writing of your primary care provider.
13. 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 Directives." 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.
14. To make recommendations regarding the organizations member rights and responsibilities policy.