

Patient Rights and Responsibilities

For your safety and the safety of your healthcare providers, we encourage you to speak openly with your care team, be well informed, and take part in care decisions and treatment choices. Join us as active members of your care team by reviewing these rights and responsibilities.

As a patient or patient representative working with Evergreen Nephrology, you have the right to:

Respectful and safe care

1. Receive high quality and compassionate care by the Evergreen Nephrology care team in a safe environment, free from abuse and neglect (verbal, mental, physical, or sexual).
2. Be treated with respect, dignity, and individuality while having your culture, personal values, beliefs, and wishes respected.
3. Know the names and jobs of the people who care for you, including their qualifications.
4. Receive information about Evergreen Nephrology and the care management services we offer through our care teams and ask questions along the way.
5. Be treated without discrimination based on race, skin color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, or ethnicity.

Clear communication and participation in your care

6. Receive information related to your care and treatment in a way that you clearly understand (including in your preferred language). Language interpretation will be provided free of charge.
7. Be involved in creating your care plan and involve your family or caregiver in decisions about your care.
8. Have access to your medical record, except when restricted by law.
9. Ask questions and get a timely response from your care team.
10. Choose someone to make health care decisions for you, or on your behalf, if at some point you are unable to make those decisions, yourself.
11. Create or change an advance directive (also known as a living will or durable power of attorney for health care).
12. Receive proper written notice, in advance of a specific service being furnished, if we believe that the service may be non-covered care (for Medicare beneficiaries).

Informed consent

13. Give your permission (informed consent) before any non-emergency care is provided.
14. Receive information to help you make an informed decision about your care (i.e., the risks and benefits of your treatment plan, any alternatives to that treatment plan, and the risks and benefits of such alternatives).
15. Decline to receive services from our care team, or disenroll from any Evergreen Nephrology program.

Privacy and confidentiality

16. Have privacy during treatment and communications with your care team.
17. Have your medical records kept confidential.
18. Be given a copy of the Notice of Privacy Practices, which includes information on how to access your medical records.

Complaints and grievances

19. Be free of any discrimination or reprisal for exercising your rights or for voicing grievances to us or an outside entity.
20. Present any concerns about your care or care team, request a change in member of your care team, or seek information about our complaint resolution process, by:

Calling us at **1-833-337-6530**

or

Mailing a letter to:

Evergreen Nephrology LLC
210 Athens Way, Suite 200
Nashville, TN 37228

You have the responsibility to:

1. Take an active role in your care plan alongside the members of your care team.
2. Provide accurate and complete information about your health and medical history, address, telephone number, date of birth, and insurance carrier.
3. Report unexpected changes in your health, or changes to your address, phone number or insurance carrier.
4. Ask questions when you do not understand your care plan, treatment, services, or what you're expected to do.
5. Voice concerns or problems, if they arise, including if you cannot follow your care plan.
6. Call us if you need to reschedule an appointment.
7. Maintain a safe home environment, if your care team is making home visits.
8. Treat all members of your care team with respect.
9. Provide a copy of your advance directive, living will, health care power of attorney, or any other documents addressing your care preferences, if you have them.
10. Take responsibility for the consequences of refusing care or not following your care team's instructions.
11. Promptly inform your care manager or another member of your care team if you wish to stop receiving our services.
12. Refrain from taking photos, videos, or recordings during our visits without permission from your care team.

Have Questions for Evergreen? Call us 8:30 a.m.-5 p.m. local time at **1-833-337-6530**.