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*Adult and Pediatric Diseases of the Ear, Nose, and Throat • Head & Neck Surgery
Allergy Testing and Treatment • Hearing and Balance Disorders*

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We want to encourage you, as a patient at Allergy & ENT Associates of Middle Tennessee, P.C., to speak openly with your health care team, take part in your treatment choices, and promote your own safety by being well informed and involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities. We invite you and your family to join us as active members of your care team.

Your Rights

- You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities.
- You have the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- You have the right to be told the names of your doctors, nurses, and all health care team members directing and/or providing your care.
- You have the right to have someone remain with you for emotional support during your visit, unless your visitor's presence compromises your or others' rights, safety or health.
- You have the right to be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes.
- You can expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments.
- You, and family, and friends with your permission, have the right to participate in decisions about your care, treatment and services provided, including the right to refuse treatment to the extent permitted by law. If you refuse medical care, against the advice of your doctor, the practice and doctors will not be responsible for any medical consequences that may occur.
- You have the right to communication that you can understand. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive additional aids to ensure your care needs are met.
- You have the right to receive detailed information about your physician charges.
- You can expect that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the Medical Records Department. You have the right to request a list of people to whom your personal health information was disclosed.
- You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your doctor, nurse or the Practice Administrator, Tricia Long. Contact information: 615-889-8802 or info@myallergent.com.

Your Responsibilities

- You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required.
- You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- You are expected to ask questions when you do not understand information or instructions. If you believe you can't follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment and services plan.
- You are expected to treat all staff, other patients and visitors with courtesy and respect; abide by all practice rules and safety regulations; and be mindful of noise levels, and privacy.
- You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
- You have the responsibility to keep appointments, be on time, and call your health care provider if you cannot keep your appointments.

Allergy & ENT Associates of Middle Tennessee, P.C. has adopted this Patient Bill of Rights and we pledge to uphold our obligation to provide that your needs are met as they pertain to "Your Rights" listed above. We expect that you, our patient, will uphold "Your Responsibilities", also listed above. Should you not uphold those responsibilities, Allergy & ENT Associates reserves the right to dismiss you from the medical care of the physicians in our practice. Should dismissal become necessary, you will be notified as required by law.