



PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of our practice we consider you (the patient) an important partner in your healthcare. When you are well informed, participate in decisions, and communicate openly with your physician and other health professionals, you help make your care as effective as possible.

PATIENT RIGHTS

- To be informed of your patient rights in advance of care being provided or discontinued
- To participate in and make informed decisions about your care including being able to request or refuse treatment, except when such participation is contraindicated for medical reasons
- To change your provider: There are a number of Board Certified Colon and Rectal Surgeons who have a wide variety of practice styles to meet the expectations of all our patients
- To have your condition, treatment, and outcomes explained in a manner that you understand and to interpretation services if needed or requested
- To be provided, to a degree known, complete information concerning your diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to provide you such information, the information will be provided to a person designated by you or to a legally authorized person
- To receive safe, high quality, medical care, without discrimination, that is compassionate and respects personal dignity, values, beliefs and preferences
- To be treated without fear of or infliction of mistreatment, neglect, verbal, physical, mental or sexual abuse
- To know the name and role of your providers (e.g., physician, CRNA, nurse, etc.) and to request credentials on the physician providing your care
- To be fully informed of the scope of services available, provisions for after-hours emergency care, and related fees for services rendered along with available payment options
- To be informed of any investigational, research, or educational activities related to your care; to refuse to participate in any such activity; and to review that decision periodically
- To every consideration of privacy concerning your medical care: Case discussion, consultation, examination, and treatment are confidential and will be conducted discreetly.
- To have your Protected Health Information (PHI) treated confidentially
- To be given the opportunity to approve or refuse the release of your PHI, except when release is required by law. You are entitled not to share your PHI with your provider upon request if you are paying for service out of pocket.
- Advance Directives
 - To have an Advance Directive (living will and/or durable power of attorney for health care decisions)

- To obtain information regarding an Advance Directive
- To have your Advance Directive (if you have one) included in your medical record
- To have your Advance Directive followed to the extent that is medically appropriate and lawful
- To have your compliments, concerns, complaints, or grievances addressed. Sharing your concern and/or complaints will not compromise your access to care, treatment and services. You may contact the Practice Administrator, 8700 Stony Point Pkwy, Suite 270, Richmond, VA 23235 or 804.249.2465 or Virginia Center for Quality Health Care Services, 3600 West Broad Street, Suite 216, Richmond, VA 23220 or 800.955.1819.

PATIENT RESPONSIBILITIES

- To be respectful of all health care professionals and staff, as well as other patients
- To provide, to the best of your knowledge, accurate and complete information about your health, present complaints, past illnesses, hospitalizations, medications including over-the-counter and dietary supplements; allergies, sensitivities and insurance benefits
- To ask for more information if you have questions about your care, treatment, services or health care professionals
- To report perceived risks in your care and unexpected changes in your condition
- To ask your care provider when you do not understand medical words or instructions about your plan of care. If you are unable/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 outcome of not following your plan of care.
- To abide by our office rules and regulations and practice fee policy by providing appropriate notification when there exists a need to change or cancel your procedure
- To have a responsible adult to drive you home after your procedure and remain with you for 24 hours following your procedure: Your procedure will be cancelled if you do not have a driver.
- To inform your provider about any living will, power of attorney, or other directive that could affect your care
- To tell us how satisfied you are with your care, so that we can resolve your concerns and learn from them
- To accept the financial obligations incurred in your healthcare and fulfill such obligations promptly