



## Patient's Rights and Responsibilities

At Virginia Interventional and Vascular Associates, we are committed to providing our patients with the best possible health care. We believe that patients who understand and participate in their care may achieve better results. We encourage you to become an active partner with your health care team by being informed about your rights and responsibilities as a patient. We will do our best to honor these rights to the best of our ability, while providing appropriate and safe care to all our patients.

**Rights:** As a patient, surrogate, or guardian, you have the right to: Considerate, respectful, safe, and quality health care. Freedom from mental, physical, sexual, and verbal abuse, neglect, and exploitation. Freedom from discrimination, and to have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected. Privacy, confidentiality (including the confidentiality of your clinical records), and respect for your personal dignity. Safe care, and to be told if something goes wrong with your care. Identification of all health professionals participating in your care. Treated with dignity by qualified healthcare providers. Treatment from qualified providers. Active involvement in your plan of care, including a second opinion, and including the right to consent to or refuse treatment or medication and to be informed of the consequences of your actions. Accessible and available health service (after-hours or emergency care if needed). Designate a representative or medical power of attorney and have that person included in your plan of care. Have a family member or representative of your choice or your own physician notified promptly if your continued care requires admission to the hospital. Request information about business relationships between Virginia Interventional and Vascular Associates, its affiliates, and other health care providers. Consent to or decline to participate initially or continue in proposed research studies. Receive information about charges for which you will be responsible. Have visitors unless visitation would interfere with your care or the care of others. Request information about business relationships between Virginia Interventional and Vascular Associates, its affiliates, and other health care providers. Upon written request, receive a copy of their medical record. Upon request may request information about the competence and capabilities of the organization. Receive care from a specialty provider not in this practice if desired. Change healthcare providers upon request.

**Responsibilities:** As a patient, parent, surrogate, or guardian, you have the responsibility to: Participate in continued care and keep scheduled follow-up appointment. Notify the facility if you are unable to keep your appointment. Provide complete and accurate personal identifying information. Provide all necessary personal and medical history required for your treatment. Provide VIVA with your current Advanced Medical Directive. Ask if you do not understand your illness or proposed plan of treatment. Follow your treatment plan, tell your physician if you are not willing or able to do so, and accept the consequences of your action. Provide VIVA with your current Advanced Medical Directive. Be considerate and respectful of members of the health care team and to accommodate the legitimate needs of the office, other patients, visitors, medical staff, and VIVA employees. Respect the property and equipment of VIVA. Participate in continued care and keep follow-up appointments. Provide the information necessary to process your medical insurance and make financial arrangements regarding your VIVA bill. Be responsible for the safekeeping of clothing, money, and personal items you choose to keep with you. Follow the rules and regulations of VIVA. Patient Complaints If you have any questions or concerns about these rights and responsibilities, your time with us, or the care provided to you we would encourage you to share those with us. If you have a concern or complaint about patient care or safety, or other aspects of your treatment, we recommend that you first attempt to resolve any issue with the area that the problem occurred (i.e. reception, nurse, pre/post op etc.). We encourage all patients to participate in our patient satisfaction survey which is available on paper or in an electronic format on our website ([www.vivarichmond.com](http://www.vivarichmond.com)).



If these attempts are unsatisfactory, or if you would like to discuss your concerns, you may contact VIVA Director, Jennifer Dawson, at (804) 486-4625 for assistance in addressing and resolving these issues.

*Revised March 2018.*

## **Appendix A to Part 92– Notice Informing Individuals about Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law**

Virginia Interventional & Vascular Associates (VIVA) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. VIVA does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **VIVA**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Qualified sign language interpreters
- o Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact:

Virginia Interventional & Vascular Associates  
6600 West Broad St., Suite 200, Richmond, VA 23230  
<https://vivarichmond.com>  
Phone: (804) 486-4625 Fax: (804) 918-7986

If you believe that VIVA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Office for Civil Rights. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Office for Civil Rights is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.