

Your Rights & Responsibilities as a Patient at the UVA Health

The Staff at the UVA Health pledge to do their personal best to provide our patients, patient representatives or surrogates, and their families with the highest quality of care and excellent service in providing services for outpatient surgical procedures.

In addition, each patient (patient representative or surrogate) has the right to the following:

- Receive respectful and safe care by competent personnel
- Be informed of patient rights during the admission process
- Be informed in advance about care and treatment and the related risks
- Make informed decisions regarding care and treatment and to receive information necessary to make those decisions
- Refuse care and treatment and to be informed of the medical consequences of refusing such
- Formulate advance directives
 - ✓ The patient who has an Advance Directive must provide a copy to UVA Health. However, in the event the Advance Directive includes a “Do Not Resuscitate” (DNR) directive, the patient will be informed that the DNR directive will be suspended while at the Center. If indeed a need did arise, the Center will try any life saving measure to stabilize the patient and arrange for immediate transfer to a nearby hospital. When transfer to a hospital is required, the Advance Directive will be transferred with you and honored by the hospital.
 - ✓ If a patient does not have an Advance Directive, an official Virginia Advance Directive form may be requested from the Center by calling 434.293.4995 or by inquiring at the time of registration. Information relating to Advance Directive option under Virginia state law is provided on the reserve side of this page.
- Personal privacy and confidentiality of medical records
- Be free from abuse, neglect and exploitation
- Access information contained in his/her medical record within a reasonable time when requested; Access information regarding facility fees or payment information
- Receive health clinic services without discrimination based upon race, color, religion, gender, national origin or payer. Health clinics are not required to provide uncompensated or free care and treatment unless otherwise required by law.
- UVA Health does provide charity care when certain conditions are met.
- Be informed if his/her surgeon is one of the several community physicians that have ownership in the Center by noting the disclosure on their Consent to Procedure form, calling the Center to directly inquire, or by reading the list of owners posted at the Center.
- Voice complaints and grievances without discrimination or reprisal. You may call Andy Poole, CEO, at 434.971.3421, submit a letter, or use the satisfaction survey to express your concerns. You can expect a response from the CEO, by telephone, within 48 hours from the time of receipt of complaint. Written follow-up will be sent to the patient within 30 business days.

You may also file a complaint about your health care with the Virginia Department of Health. Complaints may be submitted in writing to the Virginia Department of Health, Office of Licensure & Certification, 9960 Mayland Drive, Suite 401, Henrico, VA 23233-1485, by telephone 800.955.1819, fax, email, or in person. You may download a complaint form and read other information about filing a complaint at: <http://www.vdh.state.va.us>.

If you are a Medicare beneficiary you may also visit www.medicare.gov on the web or call 1.800.MEDICARE 1.800.633.4227 to ask questions, and to submit complaints about UVA Health directly to the Office of the Medicare Ombudsman. TTY users should call 1.877.486.2048.

Patient Responsibilities

All patients and their families are considered to be participating members of the health care team and are expected to take an active role in their care and treatment to the extent they are able. Each patient has specific rights to which they are entitled and the following responsibilities:

- To provide a complete list of medications including over the counter medications and supplements.
- To communicate their needs clearly to their health care providers.
- Be considerate of other patients and the personnel of the Center.
- Assist in the control of noise, smoking, and other distractions. The patient and their family are responsible for the respect of property of others and the Center.
- To report whether or not he/she clearly understands the planned course of treatment and what is expected of them.
- To disclose any information that may be necessary in the planning or management of their care.
- For keeping appointments and, when is unable to do so for any reason, for notifying the Center and the physician.
- For following instructions regarding medications, pre or post procedure instructions, and asking questions should they arise.
- For promptly fulfilling his or her financial obligations to the Center.
- To be knowledgeable about their coverage and benefits by third party payers and the necessary requirements of their policy. This includes all pre-certification or pre-authorization for procedures.
- To provide the Center with accurate and complete information necessary for billing and processing claims.
- To promptly report any complication to their physician in a timely manner. If after hours, to promptly call or go by the nearest emergency department.
- To return the Patient Satisfaction Survey to assist in ongoing quality of care.

Virginia Laws Regarding Advance Directives

Advance Directives are legal documents that allow you to state what you want for your own medical care if you are unable to make decisions for yourself.

§54.1-2984. Suggested form of written advance directives.

An advance directive executed pursuant to this article may, but need not, be in the following form, and may (i) direct a specific procedure or treatment to be provided, such as artificially administered hydration and nutrition; (ii) direct a specific procedure or treatment to be withheld; or (iii) appoint an agent to make health care decisions for the declarant as specified in the advance directive if the declarant is determined to be incapable of making an informed decision, including the decision to make, after the declarant's death, an anatomical gift of all of the declarant's body or an organ, tissue or eye donation pursuant to Article 2 (§32.1-289.2 et seq.) of Chapter 8 of Title 31.1 and in compliance with any directions of the declarant. Should any other specific directions be held to be invalid, such invalidity shall not affect the advance directive. If the declarant appoints an agent in an advance directive, that agent shall have the authority to make healthcare decisions for the declarant as specified in the advance directive if the declarant is determined to be incapable of making an informed decision and shall have decision-making priority over any individuals authorized under §54.1-2986 to make health care decisions for the declarant. In no case shall the agent refuse or fail to honor the declarant's wishes in relation to anatomical gifts or organ, tissue or eye donation.

§54.1-2983 (For contingent effective date – see Editor's note) Procedure for making advance directive; notice to physician. Any competent adult may, at any time, make a written advance directive authorizing the providing, withholding, or withdrawal of life-prolonging procedures in the event such person should have a terminal condition. A written advance directive may also appoint an agent to make health care decisions for the declarant under the circumstances stated in the advance directive if the declarant should be determined to be incapable of making an informed decision. A written advance directive shall be signed by the declarant in the presence of two subscribing witnesses. A written advance directive may be submitted to the Advance Health Care Directive Registry, pursuant to Article 9 (§54.1-2994 et seq.) of this chapter. Such directive shall be notarized before being submitted to the registry.

Further, any competent adult who has been diagnosed by his attending physician as being in a terminal condition may make an oral advance directive to authorize the providing, withholding or withdrawing of life-prolonging procedures or to appoint an agent to make health care decisions for the declarant under the circumstances stated in the advance directive if the declarant should be determined to be incapable of making an informed decision. An oral advance directive shall be made in the presence of the attending physician and two witnesses.

It shall be the responsibility of the declarant to provide for notification to his attending physician that an advance directive has been made. If an advance directive has been submitted to the Advance Health Care Directive Registry pursuant to Article 9 of this chapter, it shall be the responsibility of the declarant to provide his attending physician, legal representative, or other person with the information necessary to access the advance directive. In the event the declarant is comatose, incapacitated or otherwise mentally or physically incapable of communication, any other person may notify the physician of the existence of an advance directive and, if applicable, the fact that it has been submitted to the Advance Health Care Directive Registry. An attending physician who is so notified shall promptly make the advance directive or a copy of the advance directive, if written, or the fact of the advance directive, if oral, a part of the declarant's medical records. (1983, c. 532, § 54-325.8:3; 1988, c. 765; 1992, cc. 748, 772; 1997, c. 801; 2008, cc. 301, 696.)

§ 54.1-2988. Immunity from liability; burden of proof; presumption.

A health care facility, physician or other person acting under the direction of a physician shall not be subject to criminal prosecution or civil liability or be deemed to have engaged in unprofessional conduct as a result of issuing a Durable Do Not Resuscitate Order or the withholding or the withdrawal of life-prolonging procedures under authorization or consent obtained in accordance with this article or as the result of the provision, withholding or withdrawal of ongoing life-sustaining care in accordance with § 54.1-2990. No person or facility providing, withholding or withdrawing treatment or physician issuing a Durable Do Not Resuscitate Order under authorization or consent obtained pursuant to this article or otherwise in accordance with § 54.1-2990 shall incur liability arising out of a claim to the extent the claim is based on lack of authorization or consent for such action.

A person who authorizes or consents to the providing, withholding or withdrawal of ongoing life-sustaining care in accordance with § 54.1-2990 or of life-prolonging procedures in accordance with a qualified patient's advance directive or as provided in § 54.1-2986 or a Durable Do Not Resuscitate Order pursuant to § 54.1-2987.1 shall not be subject, solely on the basis of that authorization or consent, to (i) criminal prosecution or civil liability for such action or (ii) liability for the cost of treatment.

The provisions of this section shall apply unless it is shown by a preponderance of the evidence that the person authorizing or effectuating the withholding or withdrawal of life-prolonging procedures, or issuing, consenting to, making or following a Durable Do Not Resuscitate Order in accordance with § 54.1-2987.1 did not, in good faith, comply with the provisions of this article.

The distribution to patients of written advance directives in a form meeting the requirements of § 54.1-2984 and assistance to patients in the completion and execution of such forms by health care providers shall not constitute the unauthorized practice of law pursuant to Chapter 39 (§ 54.1-3900 et seq.) of this title.

An advance directive or Durable Do Not Resuscitate Order made, consented to or issued in accordance with this article shall be presumed to have been made, consented to, or issued voluntarily and in good faith by a competent adult, physician or person authorized to consent on the patient's behalf.

(1983, c. 532, § 54-325.8:8; 1988, c. 765; 1992, cc. 412, 748, 772; 1998, cc. 803, 854; 1999, c. 814; 2000, cc. 590, 598.)

§ 54.1-2993. Reciprocity.

An advance directive executed in another state shall be deemed to be validly executed for the purposes of this article if executed in compliance with the laws of the Commonwealth of Virginia or the laws of the state where executed. Such advance directives shall be construed in accordance with the laws of the Commonwealth of Virginia.

(1992, cc. 748, 772.)