

NOTICE OF PATIENT RIGHTS AND RESPONSIBILITIES

The Barr Center has adopted the following policies regarding Patients' Rights and Responsibilities.

PATIENT RIGHTS

You have the Right to:

1. Receive care in a respectful and courteous manner.
2. Not be discriminated against with regard to age, race, color, sexual orientation, religion, marital status, sex or national origin, and to receive care in a safe setting, free from abuse or harassment.
3. Know the names of the employees and the medical staff members who treat you.
4. Have all reasonable requests responded to promptly and adequately, within the capacity of The Barr Center.
5. An interpreter or use of alternative communication techniques/aids as needed.
6. To execute an Advance Directive. However, because of the nature of the services that are provided by the practice, The Barr Center does not accept Advance Directives even though these have been executed and a copy provided to the practice.
7. To know that The Barr Center is privately owned and managed by a physician who has been credentialed to work here
8. Know what responsibilities you have as a patient.
9. Receive privacy and confidentiality of all information and records pertaining to your treatment. Discussions, consultations of care, as well as examinations, treatments, and records are confidential and should be conducted in a discreet manner.
10. Have these privacy rights apply to any person with the legal responsibility to make medical care decisions for you.
11. Approve or refuse the release or disclosure of the contents of your medical record to any Health Care Practitioner and/or Health Care Facility except as required by law or third party payment contract.
12. Access your medical record pursuant to the provisions of the law.
13. Obtain from your Physician, or the Physician's delegate, complete and current information concerning your diagnosis, treatment and prognosis in terms that you can reasonably be expected to understand, and to participate in decisions involving your plan of care. When it is medically inadvisable to give you such information, the information will be given to a person who has been designated by you or a legally authorized representative.
14. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of your action.
15. Be informed by a medical staff member of any continuing health care requirements needs after discharge from The Barr Center. A designee may be assigned to receive this information.
16. Expect the Physicians and staff to be fully qualified to provide the necessary care and treatment.
17. Be informed regarding the absence of Physician malpractice insurance coverage
18. Know the provisions that The Barr Center has arranged for handling emergency care and after hours care.
19. Be informed of the charges for services, eligibility for third-party reimbursements.
20. Review the bill and receive a detailed explanation of all fees for specific services, regardless of the payment source.
21. Notify your provider if you feel your privacy and/or safety is, or has been violated. We welcome constructive comments that could help us improve our quality of care. Your comments are important to us. You can also address your concerns with the The Barr Center Compliance Officer.
22. File a grievance. If you feel that your rights have been violated, and The Barr Center has not responsibly responded to your concerns, you have the right to file a grievance within 15 days of the occurrence of the violation.

23. You can report a complaint to Office of Medicare Beneficiary Ombudsman is listed below, the Virginia Department of Health Professions or the Accreditation Association for Ambulatory Health Care.

Barr Center
Compliance Officer
9665 Lowery Road
Norfolk, Virginia 23502

**Virginia Department of
Health Professions**
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233-1463
Phone: (804)527-1560
Fax: (804)527-4424
www.enfcomplaints@dhp.va.gov

**Office of Medicare
Beneficiary Ombudsman**
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: (800) MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048
www.medicare.gov.Ombudsman/activities.asp

**Accreditation Association for
Ambulatory Health Care**
5250 Old Orchard Road,
Suite 200
Skokie, IL 60077
Phone: 847.853.6060
Fax: 847.853.9028
Email: info@aaahc.org
<http://www.aaahc.org>

PATIENT RESPONSIBILITIES

You have the Responsibility to:

1. Observe the rules and regulations of The Barr Center for your treatment.
2. Respect The Barr Center's property and equipment.
3. Be considerate of other patients and facility personnel.
4. Be considerate of the rights of other patients and healthcare workers, and not to interfere with the general functioning of the facility.
5. Read and understand all consents you sign. Report to the staff if you do not understand the planned course of your treatment and what is expected of you.
6. Inform providers of your current health status and all medications you take, including over-the-counter products and supplements.
7. Act responsibly concerning your treatment plan of care, and follow instructions and treatment recommendations made by your physicians and/or care team to the best of your ability. Success of treatment and working towards achieving the desired clinical results are dependent upon participation with your plan of care.
8. Follow up on your physician's instructions, take medications when prescribed, and ask any questions you might have concerning your health care.
9. Provide a responsible adult to provide transportation home following procedures.
10. Have a responsible adult be accountable for you at home after procedures, if specified.
11. Keep appointments as scheduled, or advise The Barr Center in a timely manner if an appointment needs to be canceled or rescheduled.
12. Provide all necessary information regarding third-party payment sources.
13. Pay financial obligations as stated in our financial policy.

I declare that I have read, understand and agree to the above rights and responsibilities.

_____ Signature (Parent or Guardian, if under 18)	Patient _____ Date
_____ Witness Signature (Employee/Representative of Barr Center)	_____ Date