

POLICIES AND PROCEDURES

PRACTICE: ADVANCED VASCULAR THERAPY	Approved 10/01/15	Effective Date 10/01/2015	Revised
<i>Chapter:</i> PATIENT SERVICES	Replaces Policy Dated:		
<i>Policy:</i> PATIENT RIGHTS AND RESPONSIBILITIES	Retired:		
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I. PURPOSE

This policy is designed to inform patients receiving health care services from Advanced Vascular Therapy Owners, Providers and employees of their rights and responsibilities. It is also designed to provide guidance to Advanced Vascular Therapy Owners, Providers and employees involved in providing health care services to patients.

II. POLICY

It is the policy of Advanced Vascular Therapy to recognize and respect the rights of all patients. Patients receiving health care services at Advanced Vascular Therapy shall be informed of these rights as well as their responsibilities.

III. SCOPE

This policy applies to all Owners, Providers, employees and contractors who are involved, either directly or indirectly, in providing health care services to patients.

IV. PROCEDURE

A written document outlining this policy (Attachment A) shall be located in a conspicuous and easily accessible location at Advanced Vascular Therapy. Patients may take a copy of the Advanced Vascular Therapy's Patient's Rights and Responsibilities Policy for their own personal use.

V. ADMINISTRATION AND INTERPRETATIONS

For assistance in administering this policy, for answers to questions and clarification, you may contact your Administrator, the Compliance Officer or Glen Roseborough, M.D.

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VI. AMENDMENTS OR TERMINATION OF THIS POLICY

Advanced Vascular Therapy reserves the right to modify, amend, or terminate this policy at any time.

ADVANCED VASCULAR THERAPY'S PATIENT'S RIGHTS AND RESPONSIBILITIES POLICY

Patient Rights

- 1. Respect and Dignity of Patients.** You have the right to be treated with respect and dignity. You have the right to considerate respectful care at all times and under all circumstances, with the recognition of your personal dignity and worth.
- 2. Services Without Discrimination.** Advanced Vascular Therapy offers its services to patients without regard for race, color, sex, age, disability, medical condition, marital status, national or ethnic origin, religion or source of payment.
- 3. Informed of Your Rights and Responsibilities as a Patient.** Every reasonable effort will be made to inform you of your rights and responsibilities as a patient as early as possible during the course of your treatment. You have a right to receive a copy of Advanced Vascular Therapy's Patient's Rights and Responsibilities policy.
- 4. Informed Consent.** You have the right to ask questions and participate in your health care by being provided appropriate information regarding your care. When not medically advisable to give you such information, the information shall be made available to a legally authorized individual. To the degree possible, you shall be given a clear, concise explanation of your condition and all proposed technical procedures, including the benefits, risks and reasonable alternatives. You shall not be subjected to any procedure without your voluntary, competent, and understanding consent, or that of your legally authorized representative. (This right may be temporarily waived during a medical emergency when there is an urgent need for treatment and you are incapable of making such decisions).
- 5. Right to Refuse Treatment.** You have the right to refuse a recommended treatment or plan of care, to the extent permitted by law, and to be informed of any medical consequences of that decision. When refusal of treatment prevents the provision of appropriate care in

accordance with professional standards, your provider may terminate the patient relationship upon reasonable notice to you. Terminally ill patients have the right to refuse life-prolonging treatment and the right to palliative treatments to relieve pain and suffering. You may refuse any drug, treatment or procedure to the extent permitted by law.

6. **Privacy and Confidentiality.** You have the right to every consideration of your privacy concerning your care, including sources of payment for treatment. All communications and records relating to your care will be treated as confidential by Advanced Vascular Therapy staff and any other party entitled to review of your records. Examinations, treatments, discussions and consultations concerning your care will be conducted discreetly and handled confidentially, giving reasonable visual and auditory privacy when possible. As long as it does not interfere with diagnostic procedures or treatments, you have the right to request that someone be present while a physical examination, treatment or procedure is being performed. This includes the right to have a person of your own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex. You have the right to have your medical records read only by individuals involved directly in your care, by individuals monitoring quality or by individuals authorized by law or regulation.

7. **Know the Identity of Treating Personnel.** You have the right, upon request, to be given the name of all health care personnel having direct contact with you in your care. All personnel will be properly identified.

8. **Informed of Experimental Research, Donor Programs and Educational Activities.** You have the right to a full explanation of any experimental research, donor program or educational activity in which you may be asked to participate. No experimental research, donor program educational activities will be carried out without your informed consent or that of a designated/legal representative prior to the actual participation in such a program. If you are asked to participate in a study, you or your designated/legal representative have the right to refuse or to withdraw your consent at any time, even after you have given your informed consent to participate, without affecting your care. A refusal to participate in any research project will not affect your care.

9. **Consultation.** You have the right to consult with a specialist regarding your condition or treatment, at your own request and expense. You have the right to choose or change your health care provider.

10. **Communication.** You have the right to receive information in a clear, concise and understandable manner. If you do not speak English or if you have a hearing impairment, we will try to provide access to an interpreter (or signer). You have the right to be informed as soon as possible if your provider is going to be delayed for a scheduled appointment and given an opportunity to reschedule. You have the right to be informed of the cost for procedures and treatments, the ways in which payment may be made and procedures for resolving disputes and complaints.

11. **Complaints, Comments and Compliments.** You have the right to submit complaints, comments or compliments about any aspect of your care at Advanced Vascular Therapy facilities. Any employee or provider can be contacted regarding the process for filing a comment, compliment or complaint.

12. **To Access Medical Records.** You have the right to have access to your medical or dental records and to have information explained as necessary. Any questions you have regarding your health records should be directed to your provider.

13. **Advance Directive.** You have right to provide your health care provider with oral or written advance directives (e.g. living will and/or durable power of attorney) and to expect that this will be documented in your medical record. It is your right to have your decisions and preferences honored by Advanced Vascular Therapy health care professionals within the bounds of prevailing law, accepted medical practice and this organization's mission, values and philosophy.

14. **Parental/Guardian Rights.** Parents or guardians have the right to receive information needed to give the necessary consent for their child's/ward's treatment, unless access is prohibited by law.

15. **Minors.** A minor patient has a right to confidential medical treatment under specific circumstances without parental consent pursuant to Oregon state law.

PATIENT'S RESPONSIBILITIES

1. **Answer Questions Fully.** You or your designated representative have the responsibility to provide an accurate and complete history in order for you to receive effective treatment. This includes authorizing release of health records from previous health care providers.

2. **Cooperate and Communicate with Providers.** You have the responsibility to participate in discussions and ask questions about your care. You have the responsibility to request further information concerning anything you do not understand regarding your illness or condition and its treatment. You have a responsibility to obtain and carefully consider all information you may need to give an informed consent for treatment and weigh the consequences of refusing treatment.

3. **Respect and Consideration.** You have a responsibility to respect the rights, privacy and confidentiality of other patients. You have a responsibility to notify your provider as soon as possible if you must be late or cancel a scheduled appointment.

4. **Financial Obligations.** You have the responsibility for the costs of your care and treatment. You are responsible for assuring the financial obligations of your care are fulfilled. You have a responsibility to adhere to the guidelines of your insurance coverage regarding referral policies.