

Reasonable Response to Requests & Needs

You have the right to considerate and respectful care within the scope of our mission.

Should you need services not provided by this facility, you have the right to be assisted in transferring to another health care facility that can provide the needed service. The need to transfer you to another facility will be explained to you or your significant other.

You have the right to examine your bill, ask questions and receive an explanation of charges.

Voiced Complaints

You have the right to voice complaints regarding the quality of care and services you receive, and you are assured that the presentation of a complaint will in no way compromise your access to care. If you have a complaint or feel your rights are not being respected, please let the staff know, or call the Compliance Officer (434-696-2165) or the Chief Executive Officer (434-696-2165).

You have the right to place your complaint (s) in writing. A Patient Complaint form can be obtained from any department supervisor. We encourage you to place your complaint in writing so we can follow up and take corrective action as appropriate.

YOU IN TURN HAVE THE RESPONSIBILITY TO:

- ◆ **Provide Complete Medical Information** - Provide, to the best of your knowledge, accurate and complete information about your present health status and your complete medical history, including illnesses, hospitalizations, medications, advance directives, and other matters related to your health.
- ◆ **Ask for Clear Explanations** - If the explanation of your diagnosis, treatment, or your role is not clear, ask questions until you understand.
- ◆ **Make Informed Decisions** - Because you are responsible for the decisions you make about your care, we encourage you to gather as much information as you need to make your decisions. Once you and your health care team have decided on a plan for treatment, be sure to advise them if you feel unable to follow the

plan. You may be asked to consent in writing for certain special procedures. Ask as many questions as you must to fully understand each document you are asked to sign.

- ◆ Advise them if you feel unable to follow the plan. You may be asked to consent in writing for certain special procedures. Ask as many questions as you must to fully understand each document you are asked to sign.
- ◆ **Understand** - Understand your role in your care and the knowledge and skills you need. Know about your health problems. If there is anything you do not understand, ask any member of the health care team to explain it to you.
- ◆ **Report Changes** - tell your health care team about any changes in your health.
- ◆ **Accept Financial Obligations** - Ensure that your financial obligations are fulfilled as promptly as possible.
- ◆ **Respect Others' Privacy** - It is important to be considerate of other patients by observing their right to privacy, and helping to maintain a clean and quiet atmosphere.
- ◆ **Your Conduct and Treatment of Others** - You have the responsibility to treat other patients and the SDHS staff with respect and dignity.

Your health depends not just on the care received at SDHS but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyle on your personal health.

The Board of Directors and Staff work to provide quality focused, cost effective, family-based health services with dignity and respect to all people, without regard to their finances, culture, or lifestyle and to provide the information and support to promote their participation in health care decisions.



www.sdhsinc.com

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SOUTHERN DOMINION HEALTH SYSTEM, INC.

PATIENT BILL OF RIGHTS

LUNENBURG MEDICAL CENTER

8 a.m. to 5 p.m.

Monday through Friday

8 a.m. to 12:00 p.m. Saturday

DINWIDDIE MEDICAL CENTER & COUNSELING CENTER

8 a.m. to 5 p.m.

Monday through Friday

EMPORIA / GREENSVILLE MEDICAL CENTER

8 a.m. to 5 p.m.

Monday through Friday

AMELIA HEALTHCARE CENTER

8 a.m. to 5 p.m.

Monday through Friday

8 a.m. to 12:00 p.m. Saturday

SDHS Family Dentistry

8 a.m. to 5 p.m.

Monday through Thursday

8 a.m. to 1:00 p.m. Friday

SDHS Counseling & Behavioral

8 a.m. to 5 p.m.

Monday through Thursday

8 a.m. to 1:00 p.m. Friday

The Board of Directors and Staff of Southern Dominion Health System, Inc. (SDHS) respect your rights as a patient and recognize that you are an individual with unique health care needs. We want you to know your rights as a patient as well as your obligations to yourself, other patients, your provider of care and this organization.

We encourage a partnership between you and your health care team at Southern Dominion Health System, Inc. Your role as a member of the health care team is to exercise your rights and take responsibility by asking for clarification of things you do not understand. These rights will be extended to your family and/or your significant others whichever is appropriate.

YOU HAVE THE RIGHT TO:

Considerate and Respectful Care

We respect your right to:

- ◆ Expect quality treatment within the scope of our mission
- ◆ Select your health care provider
- ◆ Be treated with dignity, regardless of race religion, beliefs, cultural values, sex, age or financial status
- ◆ Be treated in the least restrictive environment consistent with your condition
- ◆ Ask all personnel involved in your care to introduce themselves, state their role in your care, and explain what they are doing for you
- ◆ Participate in care decisions
- ◆ Prompt evaluation and management of pain
- ◆ Access your medical record
- ◆ A safe and secure environment
- ◆ Access emergency services as provided by SDHS providers through after hours call

Information about Treatment

Your health care team will describe proposed treatment(s) to you.

You can expect the team to explain:

- ◆ Your condition and proposed treatments
- ◆ Your role in your care and the knowledge and skills you need
- ◆ The alternatives of treatments

- ◆ The expected outcome and problems related to your health needs
- ◆ The benefits and risks of each alternative

It is your right to be informed of education or training activities involved in your treatment. You will be asked if you wish to participate in these activities, and you have the right to refuse to participate.

Participate in Decisions about your Care

We respect your right:

- ◆ To informed consent in partnership with your provider of care to agree to treatment based on a full explanation of your health challenges, the risks and benefits of the proposed treatments and alternatives
- ◆ To refuse a diagnostic procedure or treatment

It is your right to decide whether you wish to be treated, and if you do, by which method of treatment. If you elect to refuse treatment you will be informed of the medical consequences of this decision and asked to sign a consent to refuse treatment.

If you are a minor, your family and /or legal guardian may be involved in treatment planning decisions with you.

Pain Management

We respect your right to have your pain assessed and managed by our providers. We encourage you to discuss your pain and pain management with your provider so you can make proper care decisions.

Advance Directives

You have the right to request information regarding Advance Directives and to formulate an Advance Directive (Living Will and/or Durable Power of Attorney for health care).

These documents allow you to give directions about future medical care or to legally designate another person or persons to make medical decisions for you if you are temporarily or permanently incapable of doing so. You will have access to care whether or not you have an Advance Directive.

You will be asked if you have an Advance Directive. If you have such a document, a copy will be placed in your medical record. You have the right to change, delete, or add to your advance directive at any time.

Like other emergency medical personnel, including rescue squads, SDHS cannot follow your wishes in an Advance Directive if we are called upon to help you in an emergency.

Ethical Decisions

We understand that from time to time you and your family may be faced with making difficult treatment choices. We respect your right to make an individual decision that is based on your personal beliefs and values as well as on the available medical information. You or your legally designated representative have the right to be personally involved in the consideration of all ethical issues involving your care.

We recognize your right to question all information as presented to you by the health care team. If you do not clearly understand any information given to you, you have the right to continue questioning until the information and/or your options and decisions are clear to you.

Privacy

The staff of SDHS strives to respect the privacy of all patients. Case discussions, examinations, and treatment are confidential and will be conducted discreetly. In addition you have the right to:

- ◆ Close the door to your exam room
- ◆ Request no other parties be present during your visit
- ◆ A safe and secure environment

Confidentiality

You have the right to expect that all of your medical records are confidential unless you have given written permission to release information or reporting is required or permitted by law (ex: Immunizations, Workmen's Compensation Claim(s) and Subpoena(s).)