Communication and Decision Making

You have the right...

• To know the name, role, and specialty of all people who are providing your care.
• To confidentiality of your medical information and records.
• To have your medical care and treatments explained to you clearly.
• To participate in informed decisions about your plan of care.
• To be treated with respect and dignity.
• To appoint a Healthcare Agent.
• To read your medical record and request a copy of your record be provided in a timely manner.
• To express concerns about your care or safety and receive a prompt response.
• To interpreter services and/or special devices if you are limited-English speaking, deaf or hard of hearing, visually impaired, or other impaired sensory/manual/speaking skills, at no cost to you.
• To review your whiteboard and daily goals of care.
• To have your Primary Care Physician and your representative of choice notified of your admission.

Personal Matters

You have the right...

• To have visitors of your choosing without regard to race, color, national origin, religion, sex, sexual orientation, gender identity or disability.
• To have visitors of your choosing, but not limited to, a spouse, domestic partner (including same sex domestic partner), another family member, or a friend, 24 hours a day, 7 days a week with some limitations.
• To tell us how, if at all, you would like your family to participate in your care and decision making.
• To an interpreter or auxiliary person to be present with you to make sure that your experience here is excellent, comfortable, safe, and respectful.
• To know how to file a complaint or grievance: To file a complaint or grievance with the hospital, please contact the Patient Advocate, Guest Services, Sentara Promise Line, and the Ethics Committee, which are here to help you resolve problems and to answer questions about your hospital stay and treatment. - Call the Hospital Operator or ask your Nurse to contact the Patient Advocate, Guest Services or Ethics Consultant. - To know how to file a complaint or grievance: To file a complaint or grievance with the hospital, please contact the Patient Advocate, the Hospital Administration or call the Sentara Promise Line at 1-800-SENTARA or 1-757-388-4357, TDD: 1-757-388-2123 and a written response will be mailed to you within 7 days of receipt.

Treatment and Care

You have the right...

• To have your Advance Care Plan (Advance Directive) honored, and to receive information on Advance Care Plans if you do not have one and request more information.
• To be kept safe at all times, and free from abuse or harassment.
• To personal privacy at all times within the capacity of the facility.
• To have your pain addressed promptly by your medical team.
• To access spiritual support while you are in the hospital.

Financial Matters

You have the right...

• To know if your doctor has a financial or other conflict of interest as it relates to your care.
• To request and receive information regarding financial assistance or no cost treatment.
• To request and receive an itemized bill and an explanation of the bill.

Your Responsibilities As a patient, healthcare agent, or guardian, we ask that you...

• Provide us with a copy of your Advance Care Plan (Advance Directive).
• Provide complete and accurate information about your medical history.
• Tell a doctor or nurse when you feel better or worse, especially if there is a sudden change in how you feel.
• Work collaboratively with your medical team.
• Speak up if you have a concern about your safety as a patient.
• Be considerate of other patients. This includes helping to control noise.
• Follow the rules of the hospital which are designed to keep you, other patients, and visitors safe and comfortable.
• Not smoke or use tobacco products in our hospitals or on the grounds of the hospital. We are a tobacco free campus.
• Provide accurate information about your insurance or lack of insurance.
• To make arrangements for payment of your bill to the extent that you can.

Voice Your Concerns or Suggestions

You have the right...

• To know about hospital resources within Sentara, such as the Patient Advocate, Guest Services, Sentara Promise Line, and the Ethics Committee, which are here to help you resolve problems and to answer questions about your hospital stay and treatment.

To file a complaint or grievance with the hospital, please contact the Patient Advocate, the Hospital Administration or call the Sentara Promise Line at 1-800-SENTARA or 1-757-388-4357, TDD: 1-757-388-2123 and a written response will be mailed to you within 7 days of receipt.

OR

To file a grievance with the Virginia Department of Health, please contact the Virginia Department of Health Offices of Licensure and Certification at 1-800-955-1819, FAX 1-804-527-4503, TDD: 1-800-828-1120 or by mail at 9960 Mayland Drive, Suite 401, Richmond, VA 23233-1463.

To file a grievance with the North Carolina Division of Health Service Regulation, please contact the North Carolina Division of Health Service Regulation at 1-800-624-3004 (within NC) or 1-919-855-4500 (outside NC), Fax: 1-919-715-7724, TDD: 1-800-735-2962 or by mail at Complaint Intake Unit, 2711 Mail Service Center, Raleigh, NC 27699-2711.

Sentara Healthcare is committed to providing you with the highest quality care and service. We want to partner with you to make sure that your experience here is excellent, comfortable, safe, and respectful.

The law guarantees you certain rights as a patient. This brochure summarizes the law and Sentara Healthcare’s commitment to our patients. If you have any questions about your rights and responsibilities as a patient, or want to share a concern or a compliment, please call our Sentara Promise Line at 1-800-SENTARA or 1-757-388-4357 TDD: 1-757-388-2123.
Let's TALK about...
Our Nondiscrimination Policy

As a recipient of Federal financial assistance and a local government agency, Sentara Healthcare does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, religion, marital status, age, sex, sexual orientation, gender identity, national origin or any disability or handicap or source of payment in admission or access to, or treatment or employment under any of its programs and activities, whether carried out by Sentara Healthcare directly or through a contractor or any other entity with which Sentara Healthcare arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and 28 CFR Part 35.

Sentara Healthcare has adopted an internal grievance procedure providing for the prompt and equitable resolution of grievances alleging any action prohibited by Section 504 and Title III of the ADA, or the Federal regulations implementing these laws.

Effective Communication
You have the right...
• To interpreter services and/or special devices if you are limited-English speaking, deaf or hard of hearing, visually impaired, or other impaired sensory/manual/speaking skills, at no cost to you.
• To effective communication.
• To interpreter services and/or special devices if you are limited-English speaking, deaf or hard of hearing, visually impaired, or other impaired sensory/manual/speaking skills, at no cost to you.

Accessibility
You have the right...
• To facilities that are accessible to you.
• To curbs and ramps between parking areas and buildings.
• To level access into first floor level with elevator access to all other floors.
• To fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient units.

How to file a grievance...
To file a grievance, please contact the Sentara Healthcare Section 504 Coordinator below:
David Cochran, Director
Sentara Healthcare, Section 504 Coordinator
4705 Columbus Street, Suite 303
Virginia Beach, Virginia 23462-7762
Phone: (757) 252-9550 • Fax: (757) 965-2804

TDD: (757) 385-2123

• Grievances must be submitted to the Section 504 Coordinator within forty-five (45) calendar days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

• A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

• The Section 504 Coordinator (or his/her designee) shall conduct an investigation of the complaint and shall issue a written decision on the grievance no later than thirty (30) days after its filing.

• The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the Hospital Administrator within fifteen (15) calendar days of receiving the Section 504 Coordinator’s decision. The Hospital Administrator shall issue a written decision in response to the appeal no later than thirty (30) calendar days after its filing.

• Sentara Healthcare will make appropriate arrangements to ensure that individuals with disabilities are provided with appropriate auxiliary aids and services, if needed, to participate in this grievance process.

• Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or ensuring a barrierfree location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

• Filing a grievance with Sentara Healthcare’s Section 504 Coordinator (or his/her designee) does not prevent the applicant, Patient, or his/her Companion from filing a grievance with the:

Virginia
Virginia Division of Health Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Richmond, VA 23233-1463
Phone: 1-800-955-1819
Fax: 1-804-527-4503
TDD: 1-800-828-1120

North Carolina
North Carolina Division of Health Service Regulation
Complaint Intake Unit
2711 Mail Service Center
Raleigh, NC 27699-2711
Phone: 1-800-624-3004 (within NC)
1-919-855-4500 (outside NC)
Fax: 1-919-715-7724 • TDD: 1-800-735-2962

OR
Virginia - Region III
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
Phone: 1-800-368-1019
Fax: 1-215-861-4431 • TDD: 1-800-537-7897
www.hhs.gov/OCR

North Carolina – Region IV
Office for Civil Rights
U.S. Department of Health and Human Services
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Phone: 1-800-368-1019
Fax: 1-404-562-7881 • TDD: 1-800-537-7897
www.hhs.gov/OCR

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