# **Patient Responsibilities** As a patient of Urology of Virginia, you are responsible for

#### • Information Exchange

- Providing our health care team with accurate, updated, and complete information regarding your address, phone number(s), health insurance, etc, at <u>each</u> visit.
- Asking questions if you do not understand what you have been told or what to do next.
- Expressing any complaints or problems to our staff and/or physicians.
- Understanding your insurance benefits, requirements, and processes.
- Providing us a copy of your Durable Power of Attorney for Healthcare, if you have one.

#### • Financial

• Payment for your services upon receipt of the bill or upon treatment in our office.

### • Referrals

- Contacting your primary care physician to obtain a referral(s) to our office, outside specialists, diagnostic and imaging centers, etc.
- Tracking the number and utilization of those referral(s) so you know when you need to obtain a new referral.
- Delivering those referrals at the time of the appointment.

#### • Appointments

 Canceling your appointment no less than 72 hours prior to the appointment date and time <u>Note:</u> Repeated cancellations and/or not showing up to your appointment will result in a deposit requirement for future appointments. \*See No Show Policy\*

## • Treatment

• Following your agreed upon treatment plan and taking medications as prescribed

#### • Medications and Prescription Refills

- Bringing an updated list of your medications, to include name and dosage, to <u>each</u> visit.
- Calling our office for a prescription refill no less than 5 days prior to running out of the prescription.
- Providing our health care team with the name and phone number of your pharmacy.
- Call your pharmacy for a prescription refill and your pharmacy will contact our office.
- Respect

## • Being respectful and considerate of the rights of other patients and office personnel

#### I fully understand my responsibilities as a patient of Urology of Virginia, PLLC.

## **Patient Rights** As a patient of Urology of Virginia, you have the right to

- Respect
  - Considerate, dignified, and respectful care at all times by the staff and physicians

## • Information Exchange

- Know the names and positions of the people who are taking care of you.
- Be told your medical problems(s) and know how your problem(s) can be treated in words where you can fully understand the information being told to you.
- Have your communications and records kept confidential unless you have authorized otherwise.
- Read the full version of the Urology of Virginia *Privacy Policy*.
- Voice your concerns or grievances regarding your care, and to know how these complaints are being handled.
- Treatment
  - Be asked if you want a treatment or procedure before it is done, unless it is an emergency.
  - Be examined and treated in private
  - Refuse treatment and to be told what may happen if you do not get the treatment
  - o Receive treatment in a clean and safe office environment
  - Make an informed decision regarding your treatment
  - Know when services, treatments, testing, or supplies may be available from other health care organizations in the community.
- Financial
  - $\circ$   $\,$  See your medical bills and have them explained to you.
  - Be told, when the information is known, that Medicare or other insurance carriers may not or will not pay for services.

## I fully understand my rights as a patient of Urology of Virginia, PLLC.