
Patient and Family Rights and Responsibilities



Children's Hospital
of The King's Daughters

We promise to our patients and families that we will live out clinical and service excellence in the following ways. We will:

Engage with you by

- Telling you who we are, what we do, why we are in your room, and what we think will help you.
- Providing you with a friendly, respectful, and medically safe environment that protects your personal privacy.
- Respecting your cultural and spiritual traditions, as well as your personal values.
- Welcoming any visitors you designate, when it is medically safe, without regard to gender, race, color, national origin, religion, sexual orientation, gender identity, or disability.
 - In most areas, parents, legal guardians, spouses, and domestic partners can be with you all the time. We will do our best to provide one of them a sleeping space in the room.
 - You may write the names of up to 10 total family members and friends on the authorized visitor list. Other than parents/legal guardians and designated support persons, visitors may visit between 8 a.m. and 8 p.m. Anyone whose name is not on the visitor list will not be allowed to visit.
 - Patients who, prior to admission to CHKD, had a documented physical, sensory, mental or emotional impairment that substantially limits one or more activities of daily living may also identify one or more designated support person(s) who will provide support and assistance necessary due to the specifics of the patient's disability during a patient's inpatient admission, admission for observation, or admission for ambulatory surgery. Designated support persons are not included in the total visitor count.
 - You can refuse visitors at any time.
 - We may restrict, or limit visitors due to infection risks or during procedures, emergencies or because of limited space and safety.

Explain to you by

- Being truthful with you in all of our communications.
- Speaking to you about your care in ways you can understand.
- Teaching you and providing clear instructions to you and your family on care you may need when you leave the hospital.
- Helping you understand your right to have an advance directive if you're 18 or older, and assisting you in completing one if you ask.
- Giving you a copy of our Notice of Privacy Practices which explains how we use your information and tells you about your health information rights.

Collaborate with you by

- Including you (and your family, when appropriate) in all aspects of your care.
- Providing you with quality medical care regardless of gender, race, color, national origin, religion, sexual orientation, gender identity, disability, or source of payment for care.
- Providing you with qualified sign language or spoken language interpreters if needed, at no cost to you. We will also make information available in other formats, if you request it (for example, large print, audio, electronic formats).
- Answering your financial and insurance questions as well as explaining how you can apply for financial assistance even if you have insurance.
- Notifying your primary physician and a family member or someone you name when you are admitted.
- Providing disability access to our buildings.
- Helping you (upon your request) get a copy of your medical records as quickly as our record-keeping system permits.

Empathize with you by

- Discussing your pain levels and pain management options and making you as comfortable as possible if you are in pain.
- Reminding you that it is okay to be afraid, sad, angry, or lonely, and that it is okay to cry.
- Providing you with a secure setting free from abuse, neglect, or harassment and providing access to protective services.
- Only using restraints and only limiting communication when we need to for the sake of patient care and safety, as allowed by law.

Listen to you by

- Letting you talk freely with any of us.
- Helping you make a decision about going elsewhere for care if that is a safe option.
- Not repeating what you say to us unless it's important to your care or safety.
- Keeping discussion about your care as well as your medical records private.

It's your right to know that you have choices

It is the policy of Children's Hospital of The King's Daughters to respect the rights of its patients who have the capacity to make decisions regarding their medical treatment and to comply with the requirements of Virginia law respecting advance directives.

In compliance with the Health Care Decisions Act and regulatory requirements, Children's Hospital provides this written document to inform patients of your right to make decisions regarding medical care, including the right to receive information regarding your health status, diagnosis, and prognosis; participate in the development and implementation of your treatment/care plan, pain management plan, and discharge plan; to accept or refuse medical or surgical care, treatment, and services; to formulate advance directives, to forgo or withdraw life-sustaining treatment, and to withhold resuscitative services. When patients are unable to make decisions about their care, Children's Hospital respects their surrogate's right to accept or refuse medical or surgical care, treatment and services, to forgo or withdraw life-sustaining treatment, and to withhold resuscitative services in compliance with applicable laws.

Children's Hospital does not discriminate against any patient with respect to the provision of care or in any other respect based on whether or not the patient has executed an advance directive.

Any patient or family member who wishes to have additional information regarding healthcare decision-making or advance directives may contact chaplaincy services at (757) 668-5381 for assistance. In addition, Children's Hospital encourages patients or their surrogates to discuss important medical decisions with their primary care physician.

You also have the right to:

- Choose or refuse to participate in a research project. Your decision will not affect the services you receive or the quality of your care.
- Ask any member of your care team for an ethics consultation when you face confusing or difficult issues.
- Ask for religious or spiritual services.
- Consider options for organ and/or tissue donation.

As our partner in care we need the following from patients or their representatives:

- Complete and accurate information about you/your child's medical history, medicines, allergies, and complementary or herbal remedies.
- Anything you'd like us to know about you/your family's religious, spiritual, and cultural beliefs.
- Details about what makes you/your child sad, angry, afraid, or worried.
- Questions or concerns you have about you/your child's care, medications, or services performed.
- Respect for the people taking care of you/your child and for the other patients and families here.
- Assurance that you'll follow recommended treatments or that you understand what could happen if you don't.
- Agreement to follow your health insurance requirements like following up with your physician to ensure an authorization is on file before a surgery or appointment.
- The opportunity to satisfy you/your child as best we can.
- Compliance with rules for visiting and helping us maintain an alcohol-, tobacco-, drug-, and weapon-free environment.
- Showing for appointments or letting us know when you can't come.

A Note about Privacy

Out of respect for the privacy of others, please do not photograph or take videos of other CHKD patients or their visitors. Also, please do not share information about other patients. If you would like to include CHKD staff members in a photo or video of your child, please ask for their permission.

Discrimination is against the law

Children's Hospital of The King's Daughters Health System (CHKDHS) complies with applicable civil rights laws and does not discriminate, exclude, or treat people differently because of race, color, national origin, age, disability, or sex. CHKDHS provides aids and services, such as qualified interpreters and information in alternative formats for written documents, to help people with disabilities and/or limited proficiency in English communicate with us. These aids are provided free of charge and in a timely manner. If you need these services, please contact our Cultural/Language Services Department at (757) 668-9612.

If you believe that CHKD has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CHKDHS Section 1557 Grievance Coordinator
601 Children's Lane
Norfolk, VA 23507
Phone: (757) 668-6880
Email: Grievance@chkd.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the CHKDHS Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail or phone at:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019 | 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (757) 668-8246

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (757) 668-8246

عربى: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال 1 (757) 668-8246

CHU Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (757) 668-8246

MIYESI: Bi o ba nso ede Yorùbù olè ní iranlọwọ lori èdè wa fun yín o. E pe ẹpọ: 1banisọpọyí 1 (757) 668-8246

注意: 如您會說普通話或粵語，我們有免費的語言支援服務。請致電 1 (757) 668-8246

عربي: اگر یہ زبان فارسی گفتگو میں کنند، تمہیں ذاتی بصورت زبان کی مدد کے لیے مفت خدمات فراہم کیے جائیں گے۔ 1 (757) 668-8246

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (757) 668-8246

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (757) 668-8246

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1 (757) 668-8246

Nti: Ọ bụnyị nà asụsụ Ibo, asụsụ aka ọsụsụ n'efu, defu, aka. Call 1 (757) 668-8246

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (757) 668-8246

주요: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (757) 668-8246

ଆଧ୍ୟାୟ: ଯଦି ଆପଣଙ୍କର ଇଂରାଜୀ ବ୍ୟତୀତ ଅନ୍ୟ କୌଣସି ଭାଷାରେ କଥାବତ୍ତୀ କରିବାକୁ ପଡ଼େ, ତେବେ ଆପଣଙ୍କର ସେବା ମୁକାବିଳାରେ ଏହାକୁ ମଧ୍ୟ ଉପଲବ୍ଧ ହେବ। 1 (757) 668-8246

De de: nia ke dyaké gbor Ọ jii ké m'ibice wúdí-ọp-nyò jii ni, nìl à wádu ká kọ ọ́p-ọp-ọ́m m'gbo kpáa. Ọ́ 1 (757) 668-8246

भाषा: कर्मचारी यदि आपकी भाषा, कथा बोलते पाएँ, तो हमें आपके भाषा के सहायता सेवाओं के उपयोग के लिए आपको 1 (757) 668-8246

Compliments, complaints, and concerns

CHKD invites feedback about the services we provide and supports your right to address any problems or complaints you may have. Feel free to ask any member of your healthcare team for assistance. If that person cannot help you, you may contact the unit or practice manager or patient relations. You may also submit a verbal complaint or grievance in person to any hospital employee or over the phone by calling patient relations at (757) 668-9744. Please address all written grievances to:

CHKD Patient Relations
601 Children’s Lane
Norfolk, VA 23507

You may also contact these state and accrediting agencies with complaints (including complaints that concern advance directive requirements):

VDH Office of Licensure and Certification
Attn: Complaint Unit
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1463
Phone: (800) 955-1819
Fax: (804) 527-4503
Email: OLC-Complaints@vdh.virginia.gov

DNV Healthcare USA Inc.
ATTN: Hospital Complaints
4435 Aicholtz Road, Suite 900
Cincinnati, OH 45245
Phone: 866-496-9647
Fax: 281-870-4818
Email: hospitalcomplaint@dnv.com
Web: <https://www.dnvhealthcareportal.com/patient-complaint-report>

