

## Please review your introductory booklet for important information.

Naven Health Corporate Office

Address: 1626 Barber Road, Sarasota, FL 34240

Phone: 877-330-7766

Hours of operation: 8:30am - 5:00 pm Monday thru Friday

## If you have any questions or concerns, please contact a member of the Naven Health management team:

Tim Kingas, VP, Naven Health Nursing Operations: 877-330-7766, ext. 111
Chris Vanname, Area Director of Nursing, West: 877-330-7766, ext. 122

Mail:

Complaint Unit of the Office of Licensure & Certification

11350 Random Hills Rd, Ste 812

Fairfax, VA 22030

You can reach a Nurse 24 hours a day, 7 days a week by calling: 877-330-7766

Important Phone Numbers
For Emergencies call 911

State Health Department: Virginia Dept of Health Hotline: 800-955-1819 (to report a complaint)

https://www.vdh.virginia.gov/licensure-and-certification/complaint-unit/

Hours of operations: Monday - Friday 9am - 5pm

State Emergency Management: https://www.vdh.virginia.gov/emergency-preparedness/

Ombudsman, VA Dept for Ageing and Rehabilitative Services: 28004 Franklin Farms Dr, Richmond, VA 23229 800-

9960 Mayland Dr, Ste 401

552-5019 - State Ombudsman: Joani Latimer, email joani.latermer@dars.virginia.gov

Poison Control: 800-222-1222

Community Resources: 211.org or call 211 for local assistance.

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
complaint@jointcommission.org

Oakbrook Terrace, IL 60181 Henrico, VA
<a href="mailto:complaint@jointcommission.org">complaint@jointcommission.org</a> Phone 800-955-1819

General inquiries: 630-792-5800

700 5000

## **State Specific Information:**

Disaster Management: <a href="https://www.vdh.virginia.gov/emergency-preparedness/">https://www.vdh.virginia.gov/emergency-preparedness/</a>

FEMA: https://www.fema.gov/locations/virginia

Virginia Department of Aging: <a href="https://www.vda.virginia.gov/">https://www.vda.virginia.gov/</a> or 800-662-9333



## Virginia State Home Care Client Rights

Per the State of Virginia's Home Health Agency regulations, (12VAC5-381-230C, Client Rights), the organization shall establish and implement written policies and procedures regarding the rights of clients. The client rights shall be reviewed with clients or client designees upon admission to the organization. The review shall be documented in the client's record. Please also see Option Care Patient Guide to Therapy and Rights and Responsibilities Booklets.

- a) You have the right to be treated with courtesy, consideration and respect and be assured of the right of privacy.
- b) You have the right to be assured confidential treatment of your medical and financial records as provided by law.
- c) You have the right to be free from mental and physical abuse, neglect, and property exploitation.
- d) You have the right to be assured of participation in planning your care, including the right to refuse services.
- e) You have the right to be served by individuals who are properly trained and competent performing their duties.
- f) You have the right to be free from verbal, mental, sexual, and physical abuse, neglect, exploitation, and discrimination.
- g) You have the right to be assured of the ability to voice grievances and complaints related to the organizational services without fear of reprisal.
- h) You have the right to be advised, before care is initiated, of the extent to which payment for the organizational services may be expected from federal or state programs, and the extent to which payment may be required.
- i) You have the right to be advised orally and in writing of any changes in fees or services that are your responsibility. The organization shall advise you of these changes as soon as possible, but no later than 30 calendar days from the date the organization became aware of the change.
- j) You have the right to be provided with advance directive information prior to the start of services and be given at least 5 days written notice when the organization determines to terminate services.
- k) Before care is initiated, the organization shall inform you orally and in writing, of:
  - a. The nature and frequency of services to be delivered and the purpose of the service
  - b. Any anticipated effects of treatment as applicable
  - C. A schedule of fees and charges for services
  - d. The method of billing and payment for services including the services billed to third party payers, the extent to which payment may be expected from third party payers known to the organization and charges for services that will not be covered by third party payers.
  - e. The charges that you may have to pay
  - f. The requirements for cancellation or reduction in services by the organization and the client and the refund policies of the organization.