

PATIENTS RIGHTS

As a patient of Dtkf i gxlgy "Gpf queqr { , we want you to know the rights you have under federal and state laws. Dtkf i gxlgy "Gpf queqr { " is committed to providing you with the best available health care and wants you to know by taking an active role in your health care you can help us meet your needs as a patient.

Your rights as a patient:

- Understand and exercise these rights. As a patient you have a right to receive information in a manner that you understand. If for any reason you do not understand or need help, assistance will be provided including an interpreter.
- Become informed of these rights as a patient in advance of, or when discontinuing, the provision of care.
- Treated respectfully and receive services without regard to age, race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
- Have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. Receive considerate, respectful and compassionate care, provided in a clean, safe, and smoke free environment, free from all forms of abuse, neglect, harassment and/or ex-

ploitation. Have access to protective and advocacy services in cases of neglect or abuse.

- To be called by your proper name and be told the name of the healthcare provider who has primary responsibility for your care and the names and roles of other physicians and healthcare providers involved in your care.
- Receive complete information from your healthcare provider about your diagnosis, and course of treatment. This information should also include outcomes of care (including unanticipated outcomes), and your prospects for recovery in terms that you or your representative can understand. All patients will be informed about unanticipated outcomes of care, treatment, and services that relate to sentinel events as defined by the Joint Commission. Have your pain assessed and to be involved in decisions about managing your pain.
- Give informed consent for any proposed treatment or procedure, including an explanation and understanding of the possible risks and benefits of the procedure or treatment.
- Participate in planning for care after discharge. This information shall include a description of the procedure or treatment, the medically significant

risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.

- Participate in all decisions about your healthcare.
- Receive reasonable continuity of care, including referral and access to needed specialty care and other services.
- Refuse treatment in accordance with federal and state laws, and be told the impact this would have on your health.
- Refuse to take part in any clinical research trials. Refusal to participate or discontinuation of participation will not compromise your right to access care, treatment, or services.
- Not forfeit any of your patient's rights if you decide to participate in clinical research trials. This includes the patient's right to a full informed consent process as it relates to clinical research trials. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Receive full consideration of privacy and confidentiality concerning your medical care and records.

- Have your written permission obtained before your medical records can be made available to anyone not directly concerned with your care.
- To access information contained in your medical record and obtain a copy of your medical records through written request.
- Have your primary care physician or referring healthcare provider notified of your medical visit.
- Receive an itemized bill and explanation of charges regardless of the source of payment.
- Be informed of the services available.
- Know the provision for after-hours care.
- Formulate advance directives regarding your healthcare, and to have facility staff and practitioners who provide care in the facility comply with these directives (to the extent provided by state laws and regulations).
- Be advised of the grievance process, should you wish to communicate a concern regarding the quality of the care you receive. Notification of the grievance process includes: whom to contact to file a grievance, and notification of timely communication of the steps taken on his or her behalf to investigate the grievance, the results of the grievance

and the proposed resolution including any corrective action proposed or taken.

- Contact Joint Commission if the leadership of Dtkf i gxlgy "Gpf queqr { does not answer your questions to your satisfaction at www.jointcommission.org or call them at 1-800-994-6610, New York State Department of Health (800-804-5447) or Centers for Medicare & Medicaid Services (800-633-4227).
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient, including involving additional family members or a surrogate as requested or necessary.

PATIENTS RESPONSIBILITIES

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. To ensure Dtkf i gxlgy Gpf queqr { 's ability to provide you with the best care possible we ask that you accept certain responsibilities, which are presented in the spirit of mutual trust and respect.

Your responsibilities as a patient:

- To take an active role in improving your health by becoming an involved member of the health care team, including shar-

ing your expectations of the organization and your satisfaction with the organization.

- To provide accurate and complete information regarding your identity, medical history, hospitalizations, medications, dietary supplements (herbal and other nutritional supplements), and current health concerns to the best of your ability.
- Ask questions about your condition, treatments, procedures, clinical laboratory and other diagnostic test results. You should also ask a question when you do not understand the contemplated course of care or what is expected of you.
- Immediately report any concerns or errors you may observe, including serious side effects, complications, and unexpected changes or worsening of your condition to the responsible practitioner.
- Follow the treatment plan recommended by your healthcare provider, including the instructions of nurses and other health professionals as they carry out the provider's orders. You are also responsible for the medical consequences that are a result of denying treatment or failing to follow the treatment plan.
- Keep appointments and notify the facility or the responsible healthcare provider when you are unable to do so.

- Assure that the financial obligations of your care are fulfilled as promptly as possible, including providing information necessary for insurance processing.
- Follow the facility's rules and regulations, including those that prohibit offensive, threatening, and/or abusive language or behavior, and use of tobacco, alcohol, or illicit drugs or substances.
- Be considerate of the rights of other patients and facility personnel and be respectful of your personal property and that of other persons in the facility.
- Provide Dtkf i gxlgy "Gpf queqr { with a copy of any advance directive or health care proxy designation that has been prepared.
- Report perceived risks in your care and unexpected changes in your condition to the responsible healthcare provider.
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