

# Choices Women's Medical Center

## Patient Rights and Responsibilities

CWMC observes and respects a patient's rights and responsibilities without regard to age, race, color, national origin, religion, culture, physical or mental disability, personal values or belief systems.

### You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Be provided appropriate personal privacy.
- Receive care in a safe and secure environment. Exercise your rights without being subjected to discrimination or reprisal. Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the Center to disclose, when applicable, physician financial interests or ownership in the Center.
- Receive assistance when requesting a change in physician or other qualified healthcare provider if available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before treatment or a procedure performed.
- Receive information from the physician about proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment, services planned and to refuse care, treatment, services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance to law and regulation.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recording film, or other images for purpose other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care in the Center, including medical records, and, except as required by law, the right to approve or refuse the release of your medical records
- Access to and/or copies of your medical records and the ability to request amendments to your medical records within a reasonable time frame.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the Center's policy regarding advance directives/living will.
- Expect the Center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.

- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be free from all forms of abuse and harassment.
- Expect the center to establish a process for prompt resolution of patient's grievances and to inform each patient whom to contact to file a grievance. Grievance/ complaints and suggestions regarding treatment of care that is (or fails to be) furnished may be expressed at any time. Grievance may be lodged with the state agency directly using the contact information provided below.

### You are responsible for:

- Being considerate of other patients and Center's personnel
- Observing smoking regulations, noise control, and other distractions.
- Respecting the property of others and the Center.
- Express any patient concerns you may have to the Center staff.
- Observing prescribed rules of the center during your visit/ stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours, if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and when unable to do so for any reason, notifying the Center.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, including over-the-counter products and dietary supplements and any allergies or sensitivities and unexpected changes in your condition or any other health matters.
- Prompt fulfilling your financial obligations to the Center, including charges not covered by insurance.
- Payment to the Center for copies of your medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

**You may contact the following entities to express any concerns, complaints or grievance you may have:**

<b>Center</b>	<b>Choices Women's Medical Center Patient Relation Services 147-32 Jamaica Avenue Jamaica, NY 11435 Administrator on Duty Telephone: (718) 349-9100</b>
<b>State Agency</b>	New York State Department of Health Centralized Hospital Intake Program, Mailstop: CA/DCS Empire State Plaza, Albany, NY 12237 Telephone: 1-800-804-5447
<b>Medicaid</b>	NYS Office of the Medicaid Inspector Main Office, 800 North Pearl Street Albany, NY 12204 Telephone: (518) 473-3782 Email: <a href="mailto:information@omig.ny.gov">information@omig.ny.gov</a>
<b>Medicare Ombudsman</b>	Medicare Office of the Medicare Ombudsman <a href="https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home">https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home</a> Or Call 1-800-MEDICARE or 1-800-633-4227