

**The patient has the right:**

- To be treated with courtesy, respect, and consideration with appreciation of his or her individual dignity and with protection and provision of personal privacy as appropriate
- To receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor
- To an environment that is respectful, safe and secure for self/person and property without being subjected to discrimination or reprisal
- To confidentiality of information gathered during treatment
- To prompt and reasonable response to questions and requests
- To know who is providing and is responsible for his or her care and their credentials
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English
- To know what rules and regulations apply to his or her conduct
- To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care
- To know upon request and in advance of treatment, whether the health care provider or health care Facility accepts their Advance Directives
- To receive upon request, prior to treatment, a reasonable estimate of charges for medical care
- To receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained
- To receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment
- To make known his/her wishes in regard to anatomic gifts. This can be documented in the Health Care Proxy or on a donor card.
- To change their healthcare provider if other qualified providers are available
- To be informed of the provision of off hour emergency care
- To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- To know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research
- To make informed decisions regarding his or her care
- To receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision
- To be fully informed about a treatment or procedure and the expected outcome before it is performed
- To approve or refuse their release of confidential disclosures and records, except when release is required by law
- To express grievances regarding their treatment or care that is or fails to be furnished or regarding any violation of his or her rights.

- To participate in all aspects of health care decisions, unless contraindicated for medical reasons
- To appropriate assessment and management of pain
- If the patient has been adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
- To be free from all forms of abuse or harassment

**A patient is responsible:**

- For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications including over-the-counter products and other dietary supplements, allergies and sensitivities and other matters relating to his or her health
- For having a responsible adult to transport him or her home from the facility and to remain with him or her as directed by the provider or as indicated on discharge instructions.
- For reporting unexpected changes in his or her condition to the health care provider
- For reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her
- For following the treatment plan prescribed/recommended by the health care provider and participate in his or her care
- For keeping appointments and when he or she is unable to do so for any reason, for notifying the Facility
- For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions
- For assuring that the financial obligations of his or her health care are fulfilled as promptly as possible
- For accepting personal financial responsibility for any charges not covered by his or her insurance
- For following Facility rules and regulations affecting patient care and conduct
- For consideration and respect of the facility, health care professionals and staff, other patients and property
- For informing his or her provider of any living will, medical power of attorney or other directive that could affect 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, Administrator on Duty 147-32 Jamaica Avenue, Jamaica, NY 11435 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-BeneficiaryOmbudsman-Home">https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-BeneficiaryOmbudsman-Home</a> Or Call 1-800-MEDICARE or 1-800-633-422
<b>Accrediting Body</b>	Contact the accreditation organization at <a href="mailto:complaints@aaahc.org">complaints@aaahc.org</a>