PATIENTS’ BILL OF RIGHTS

New York State Hospital Code
Section 405.7

PATIENTS’ RIGHTS

As a patient in the hospital in New York State, you have the right, consistent with law, to:

1. understand and use these rights. If for any reason you do not understand or you need help, the hospital must provide assistance, including an interpreter.

2. receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.

3. receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

4. receive emergency care if you need it.

5. be informed of the name and position of the doctor who will be in charge of your care in the hospital and in the outpatient clinic.

6. know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.

7. a no smoking room.

8. receive complete information about your diagnosis, treatment and prognosis.

9. receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

10. receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet, “Do Not Resuscitate Orders – A Guide for Patients and Families.”

11. refuse treatment and be told what effect this may have on your health.

12. refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

13. privacy while in the hospital and confidentiality of all information and records regarding your care.

14. participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.

15. review your medical record without charge and obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

16. receive an itemized bill and explanation of all charges.

17. complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital’s response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.

18. authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

19. make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.
PATIENTS' BILL OF RIGHTS (CONTINUED)

PATIENTS' RESPONSIBILITIES

This statement of Patients’ Responsibilities was designed to demonstrate that mutual respect and cooperation are basic to the delivery of quality health care services.

When you are a patient it is your responsibility to:

1. provide accurate and complete information about your past illnesses, hospitalizations, medications and other matters relating to your health.

2. tell your doctor or nurse if you do not understand your treatment or what you are expected to do.

3. tell your doctor or nurse if there is a change in your condition or if problems arise during your treatment.

4. follow the treatment plan recommended by your doctor both as an inpatient, after discharge, and as an outpatient.

5. provide accurate information relating to insurance or other sources of payment. Patients are responsible for assuring prompt payment of their bills.

6. understand that it may become necessary to transfer you to another bed or another floor within the hospital. We apologize for any inconvenience this may cause.

7. be courteous and considerate of other patients and of hospital staff. Patients are expected to assist in maintaining a quiet environment and being respectful of hospital property.

8. honor our No Smoking Policy.

9. be aware of our clinic hours and policies.

If you have any questions regarding your rights and/or responsibilities, please contact a patient representative at the appropriate site:

Beth Israel, Petrie Division - (212) 420-3818
Beth Israel, Phillips Ambulatory Care Center - (212) 844-8748
Beth Israel, Kings Highway Division - (718) 951-3005
Beth Israel, Singer Division - (212) 870-9888
Long Island College Hospital - (718) 780-1919
New York Eye and Ear Infirmary - (212) 979-4795
Roosevelt Hospital - (212) 523-7225
St. Luke’s Hospital - (212) 523-3700