

Patients' Bill of Rights for Diagnostic & Treatment Centers (Clinics)

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

- (1) Receive services(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
- (2) Be treated with consideration, respect and dignity including privacy in treatment;
- (3) Be informed of the services available at the center;
- (4) Be informed of the provisions for off-hour emergency coverage;
- (5) Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- (6) Receive an itemized copy of his/her account statement, upon request;
- (7) Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
- (8) 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;
- (9) Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
- (10) Refuse to participate in experimental research;
- (11) Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
- (12) Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health's Office of Primary Health Systems Management;
- (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- (14) Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- (15) Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: http://www.health.ny.gov/publications/1449/section_1.htm#access
- (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors; and
- (17) 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 center.



**Department
of Health**

Public Health Law(PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c)



Family Health Network of Central New York, Inc.

MEDICAL PATIENT'S RESPONSIBILITIES

Administration
85 South West Street
Homer, NY 13077
607/753-3797
607/758-7570 (Fax)

Billing
85 South West Street
Homer, NY 13077
607/753-3798

Cincinnatus Office
2805 Cincinnatus Rd.
Cincinnatus, NY 13045
607/863-4126

Cortland Office
4038 West Road
Cortland, NY 13045
607/758-3008

Dental Office
23 Central Street
Moravia NY 13118
607/344-0052

Marathon Office
22-24 East Main Street
Marathon, NY 13803
607/849-3271

Moravia Office
23 Central Street
Moravia, NY 13118
315/497-9066

Pediatrics and Family
Health Center
24 Groton Avenue
Cortland, NY 13045
607/753-3774

School Health Program
85 South West Street
Homer, NY 13077
607/753-3798

Successful medical care requires an ongoing collaborative effort between patients and providers. Therefore, in addition to patient rights, a patient has certain responsibilities as well.

Below is a list of your responsibilities as a patient of Family Health Network:

1. You have the responsibility to provide, to the best of your ability, accurate, honest and complete information about your medical history and current health status.
2. You have the responsibility to report changes in your medical status and provide feedback about your needs and expectations.
3. You have the responsibility to participate in your health care decisions and ask questions if you are uncertain about your medical treatment or plan.
4. You have the responsibility to inquire about your treatment options and acknowledge the benefits and limitations of any treatment that you choose.
5. You have responsibility for consequences that result from refusing or disregarding an agreed upon treatment plan.
6. You have the responsibility to conduct yourself appropriately without verbal and/or physically abusive behavior. Failure to do this may result in your being discharged from Family Health Network.
7. You have the responsibility to keep your scheduled appointments, arrive on time, and call in advance when you cannot keep an appointment. Failure to do this may result in your being discharged from Family Health Network.
8. You have the responsibility to adhere to regular home health care recommendations.
9. You have the responsibility to ensure that your financial obligations for medical health care received are fulfilled.

After Hours Emergencies

If you have an emergency, call 911.

If you need to reach a Family Health Network provider for a non-life threatening issue, call 607-756-0405 or toll-free at 1-800-871-7493.

One of our professional staff is on call 24 hours a day, 365 days a year.

You may call either number day or night.