



PATIENT RIGHTS AND RESPONSIBILITIES

All patients receiving care in this facility shall have their rights observed, respected, and enforced by the healthcare providers of this facility (including clinical and business staff, as well as any other personnel that has contact and/or provides services to the patient).

AS A PATIENT RECEIVING CARE AT PELHAM PARKWAY SURGERY CENTER, LLC YOU HAVE THE FOLLOWING RIGHTS:

- (1) Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, 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 and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; 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; receive an estimate of the amount that you will be billed before services are rendered.
- (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;
- (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;

Pelham Parkway
Surgery Center



1000 Pelham Parkway S • Bronx, NY 10461
(718) 884-8660 • (718) 884-8661 Fax
www.pelhamparkwaysc.com

- (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;Access to Your Medical Records and Do I Have the Right to See My Medical Records?](http://www.health.ny.gov/publications/1449/section_1.htm#access;Access%20to%20Your%20Medical%20Records%20and%20Do%20I%20Have%20the%20Right%20to%20See%20My%20Medical%20Records?)
- (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
- (17) When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy form is available from the center;
- (18) Understand and use these rights. If for any reason you do not understand or you need help, the center MUST provide assistance, including an interpreter.
- (19) Receive treatment with respect, consideration, and dignity, and without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
- (20) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints, free from all forms of abuse or harassment.
- (21) Receive emergency care if you need it. Be informed of the provisions for off-hour emergency coverage.
- (22) Be informed of the name and position of the doctor who will be in charge of your care. Know the names, positions and functions of any facility staff involved in your care and refuse their treatment, examination or observation.
- (23) A smoke-free facility.
- (24) Refuse treatment and be told what effect this may have on your health.
- (25) Participate in all decisions about your treatment. The center must provide you with written discharge instructions.
- (26) Review your medical record without charge. Obtain a copy of your medical record for which the facility can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- (27) Approve or refuse the release or disclosure of the contents of your medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- (28) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- (29) If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are 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.



- (30) Voice grievances regarding treatment or care that is (or fails to be furnished) 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 acts of discrimination or reprisal.
- (31) Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing you or your designee with a written response within 30 days if requested by you, indicating the findings of the investigation. The center is also responsible for notifying you or your designee that if you are not satisfied by the center response, you may complain to the New York State Department of Health's Office of Health Systems Management.

AS A PATIENT RECEIVING CARE AT PELHAM PARKWAY SURGERY CENTER, LLC YOU HAVE THE RESPONSIBILITY TO:

- (1) Provide full cooperation by complying with the pre-procedure and post-procedure instructions given by your physician and anesthesiologist, including the provision of a responsible adult to transport you home from the facility and remain with you for 24 hours, unless exempted by your physician.
- (2) Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
- (3) Provide the Center staff with complete and accurate information to the best of your ability, including information about your health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- (4) Follow the treatment plan prescribed by your provider and participate in your care.
- (5) Provide the Center with all information regarding third-party responsibility insurance coverage. Fulfill financial responsibility for all services received, as determined by your insurance carrier. Accept personal financial responsibility for any changes not covered by your insurance.
- (6) Be respectful of all the health care providers and staff, as well as other patients and visitors.
- (7) Right to change providers if other qualified providers are available.

If you or your loved one has any complaints or grievances, please contact Administrator, Hisham Elsherbiny

Email: helsherbiny@pelhamparkwaysc.com

phone 718 884 8660

fax 718 884 8661

You can also voice complaints and recommend changes in policies and services to the facility staff, the governing authority, and the Office of Health Systems Management (OHSM) of the New York State Department of Health at 1.800.804.5447.