Pelham Parkway
Surgery Center

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

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 right, consistent with law, to:

1. Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin,
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;
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 non-emergency procedure or treatment or both. An informed consent shall include, at 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;
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?
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 is available from the center.
18. View a list of the health plans and the hospitals that the center participates with; and
19. Receive an estimate of the amount that you will be billed after services are rendered.
20. The Patient has the right to:
    A: Personal Privacy
    B: Receive Care in a Safe Setting
    C: Be Free From all forms of Abuse or Harassment
    D: 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.
    E. If a patient has not been adjudged to lack legal capacity, the patient may designate a legal representative or surrogate in accordance with state law, including a health care agent or other legally authorized individual, and such representative may exercise the patient's rights to the extent permitted by law. The patient shall continue to participate in decision-making to the extent allowed by law and be consistent with any court order.
21. Patients are informed of their right to Change providers if other qualified providers are available.
22. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.

The Patient Has a Responsibility to:

1. Being considerate of other patients and personnel and for assisting in the control of noise and other distractions.
2. Respecting the property of others and the facility and abiding by no-smoking rules.
3. Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
4. Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
5. Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses, and hospitalizations, medications, unexpected changes in the patient s condition or any other patient health matters.

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6. Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.
7. Promptly fulfilling his or her financial obligations to the facility.
8. Payment to the facility for copies of the medical records the patient may request.
9. Identifying any patient safety concerns.

_____
Name of Patient or Patient Representative

X_____
Signature of Patient or Patient Representative

_____
Date

Office of the Medicare Beneficiary Ombudsman

Visit www.medicare.gov or call 1.800.MEDICARE (1.800.633.4227) or use www.hhs.gov/center/ombudsman

New York State Department of Health's Metropolitan Area Regional Office (MARO) at 1.800.804.5447

Grievances or safety concerns about our outpatient facility should be referred to our Medical Director or Administrator, 718-884-8660