



# Patient and Parent Rights and Responsibilities

## Your Child's Rights as a Hospital Patient and Your Rights as a Parent

You and your child have certain rights and protections guaranteed by state and federal laws. These laws are designed to help promote the quality and safety of your child's hospital care. The Hospital does not discriminate against any person on the basis of race, color, national origin, ethnicity, culture, disability, age, sex, religion, socioeconomic status, sexual orientation, gender identity or expression, source of payment, or any other characteristic protected by law, in admission, treatment, or participation in its programs, services, and activities.

Consistent with the Hospital's mission, "We Put Patients First," the Hospital is committed to providing our patients and families with their rights and responsibilities. Please review *Your Rights as a Hospital Patient in New York State*, prepared by the New York State Department of Health, which can be found in the pocket of this guide, and the list of rights below. Share this material with loved ones and friends involved in your child's care. If you have a question about your child's rights, or do not understand something, speak to your nurse, doctor, social worker, or Patient Services Administration representative.

## Patients' Bill of Rights

As a patient in a 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, gender identity, national origin, disability, sexual orientation, age 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.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
8. Receive complete information about your diagnosis, treatment and prognosis.

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## Patients' Bill of Rights (continued)

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 "Deciding About Health Care — 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. View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.
18. Challenge an unexpected bill through the Independent Dispute Resolution process.
19. 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 State Health Department telephone number.
20. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
21. 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 a health care proxy, will, donor card, or other signed paper). The health care proxy is available from the hospital.

## Additional Rights and Responsibilities

In addition, the Hospital is committed to providing our patients and families their rights and responsibilities as supported by the Centers for Medicare & Medicaid Services and The Joint Commission, which further states:

- Receive treatment without discrimination based on many factors, including but not limited to sexual orientation and gender identity or expression.
- The hospital must establish a process for prompt resolution of patient grievances, receive a written response and must inform each patient whom to contact to file a grievance.
- The patient has the right to be free from all forms of abuse or harassment.
- The patient has the right to participate in the development and implementation of their plan of care.
- The informed consent process includes a discussion about potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving their goals; and any potential problems that might occur during recuperation.
- The patient has the right to have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital.
- Each patient who is a Medicare beneficiary who is an inpatient (or their representative) must be provided the standardized notice, *"An Important Message from Medicare"* (IM), within 2 days of admission. The IM is to be signed and dated by the patient to acknowledge receipt. The patient is to be presented by the hospital a copy of the signed IM form in advance of the patient's discharge, but not more than two calendar days before the patient's discharge. In the case of short inpatient stays, however, where initial delivery of the IM is within 2 calendar days of the discharge, the second delivery of the IM is not required.

Questions and concerns about rights and responsibilities may be addressed to Patient Services Administration as follows:

**NewYork-Presbyterian Komansky Children's Hospital**  
**NewYork-Presbyterian/Weill Cornell Medical Center**

Patient Services Administration  
525 East 68th Street  
New York, NY 10065  
(212) 746-4293

**NewYork-Presbyterian**  
**Morgan Stanley Children's Hospital**

Patient Services Administration  
177 Fort Washington Avenue  
New York, NY 10032  
(212) 305-5904

**Ambulatory Care Network**  
**NewYork-Presbyterian/Weill Cornell Medical Center**

Patient Services Administration  
525 East 68th Street  
New York, NY 10065  
(212) 746-4293

**Ambulatory Care Network**  
**NewYork-Presbyterian/  
Columbia University Irving Medical Center**

Patient Services Administration  
177 Fort Washington Avenue  
New York, NY 10032  
(212) 305-5904

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You may also contact the following agencies with your questions or concerns:

**New York State Department of Health**

Mailstop: CA/DCS  
Empire State Plaza  
Albany, NY 12237  
1 (800) 804-5447

**The Joint Commission**

Office of Quality and Patient Safety  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Fax: (630) 792-5636  
www.jointcommission.org  
Under “Action Center” on the home page of the website,  
click on the “Report a Patient Safety Event” link.

**Centers for Medicare & Medicaid Services (CMS)**

Livanta Beneficiary and Family Centered Care  
Quality Improvement Organization (BFCC-QIO)  
1 (866) 815-5440  
TTY: 1 (866) 868-2289

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1 (800) 368-1019  
TDD: 1 (800) 537-7697

## Patient Responsibilities

This statement of Patient’s Responsibilities was designed to demonstrate that mutual respect and cooperation are basic to the delivery of quality health care services. No list of guidelines can ever fully describe the ideal relationship which should exist between you, the Hospital, and our staff. Nor can this ever be fully put into words. It exists in practice and as a spirit of mutual trust, consideration, and respect.

## Your Responsibilities as a Patient

In addition to your rights as a patient, you also have responsibility to:

- Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- Report unexpected changes in your condition to the responsible practitioner.
- Make it known whether you clearly understand a contemplated course of action and what is expected of you.
- Follow the treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner’s orders and as they enforce the applicable hospital rules and regulations.
- Keep appointments, and when you are unable to do so for any reason, notify the responsible practitioner or the hospital.
- Be accountable for your actions if you refuse treatment or do not follow the practitioner’s instructions.
- Assure that the financial obligations of your health care are fulfilled as promptly as possible.

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## **Your Responsibilities** (continued)

- Follow hospital rules and regulations affecting patient care and conduct.
- Be considerate of the rights of other patients and hospital personnel, and assist in the control of noise, smoking and the number of visitors.
- Respect the property of other persons and of the hospital.

## **Your Rights as a Parent**

### **Parents' Bill of Rights**

As a parent, legal guardian or person with decision-making authority for a pediatric patient receiving care in this Hospital, you have the right, consistent with the law, to the following:

1. To inform the Hospital of the name of your child's primary care provider, if known, and have this information documented in your child's medical record.
2. To be assured our Hospital will only admit pediatric patients to the extent consistent with our Hospital's ability to provide qualified staff, space and size appropriate equipment necessary for the unique needs of pediatric patients.
3. To allow at least one parent or guardian to remain with your child at all times, to the extent possible given your child's health and safety needs.
4. That all test results completed during your child's admission or emergency room visit be reviewed by a physician, physician assistant, or nurse practitioner who is familiar with your child's presenting condition.
5. For your child not to be discharged from our Hospital or emergency room until any tests that could reasonably be expected to yield critical value results are reviewed by a physician, physician assistant, and/or nurse practitioner and communicated to you or other decision makers, and your child, if appropriate. Critical value results are results that suggest a life-threatening or otherwise significant condition that requires immediate medical attention.
6. For your child not to be discharged from our Hospital or emergency room until you or your child, if appropriate, receives a written discharge plan, which will also be verbally communicated to you and your child or other medical decision makers. The written discharge plan will specifically identify any critical results of laboratory or other diagnostic tests ordered during your child's stay and will identify any other tests that have not yet been concluded.
7. To be provided critical value results and the discharge plan for your child in a manner that reasonably ensures that you, your child (if appropriate), or other medical decision makers understand the health information provided in order to make appropriate health decisions.
8. For your child's primary care provider, if known, to be provided all laboratory results of this hospitalization or emergency room visit.

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## **Your Rights as a Parent** (continued)

9. To request information about the diagnosis or possible diagnoses that were considered during this episode of care and complications that could develop as well as information about any contact that was made with your child's primary care provider.
10. To be provided, upon discharge of your child from the Hospital or emergency department, with a phone number that you can call for advice in the event that complications or questions arise concerning your child's condition.

## **Grievance Procedure: Section 1557 of the Affordable Care Act**

It is the policy of NewYork-Presbyterian Hospital not to discriminate on the basis of race, color, national origin, sex, age, or disability. NewYork-Presbyterian Hospital has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. Section 1557 and its implementing regulation may be examined in the office of Patient Services Administration by the Director, who has been designated the Section 1557 Coordinator to coordinate the efforts of New York-Presbyterian Hospital to comply with Section 1557.

Contact the Director of Patient Services Administration as follows:

**NewYork-Presbyterian Komansky Children's Hospital  
NewYork-Presbyterian/Weill Cornell Medical Center**  
Patient Services Administration  
525 East 68th Street  
New York, NY 10065  
(212) 746-4293

**NewYork-Presbyterian  
Morgan Stanley Children's Hospital**  
Patient Services Administration  
177 Fort Washington Avenue  
New York, NY 10032  
(212) 305-5904

**Ambulatory Care Network  
NewYork-Presbyterian/Weill Cornell Medical Center**  
Patient Services Administration  
525 East 68th Street  
New York, NY 10065  
(212) 746-4293

**Ambulatory Care Network  
NewYork-Presbyterian/  
Columbia University Irving Medical Center**  
Patient Services Administration  
177 Fort Washington Avenue  
New York, NY 10032  
(212) 305-5904

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## **Grievance Procedure: Section 1557 of the Affordable Care Act** (continued)

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age, or disability may file a grievance under this procedure. It is against the law for NewYork-Presbyterian Hospital to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### **Procedure**

- Grievances must be submitted to NewYork-Presbyterian Hospital's Director of Patient Services Administration (Section 1557 Coordinator) within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- NewYork-Presbyterian Hospital's Director of Patient Services Administration (Section 1557 Coordinator), or designee, shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. NewYork-Presbyterian Hospital's Director of Patient Services Administration (Section 1557 Coordinator) will maintain the files and records of NewYork-Presbyterian Hospital relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- NewYork-Presbyterian Hospital's Director of Patient Services Administration (Section 1557 Coordinator), or designee, will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of NewYork-Presbyterian Hospital's Director of Patient Services Administration (Section 1557 Coordinator) by writing to the Vice President, Patient Services, within 15 days of receiving the NewYork-Presbyterian Hospital's Director of Patient Services Administration (Section 1557 Coordinator's) decision. The Vice President, Patient Services, or designee shall issue a written decision in response to the appeal no later than 30 days after its filing.

NewYork-Presbyterian Hospital will make appropriate arrangements to safeguard that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, or assuring a barrier-free location for the proceedings. NewYork-Presbyterian Hospital's Director of Patient Services Administration (Section 1557 Coordinator) will be responsible for such arrangements.

## **Notice of Non-Discrimination Policy and Language Assistance Services**

NewYork-Presbyterian Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NewYork-Presbyterian Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

NewYork-Presbyterian Hospital provides free aids and services to people with disabilities to communicate effectively with Hospital staff. These include:

- qualified sign language interpreters
- written information in other formats (accessible electronic formats or privately read the document)

NewYork-Presbyterian Hospital provides free language services to people whose primary language is not English, including:

- qualified interpreters
- information written in other languages

If you believe that NewYork-Presbyterian Hospital has failed to provide these services or discriminated in another way you can file a grievance with NewYork-Presbyterian Hospital's Director of Patient Services Administration (Section 1557 Coordinator).

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age, or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW, Room 509F  
HHH Building  
Washington, D.C. 20201  
1 (800) 368-1019  
TDD: 1 (800) 537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

### **Interpreter Services and Services for the Hearing and Visually Impaired**

For any NewYork-Presbyterian Hospital patients and their families with limited English proficiency (LEP), speech or visual impairment, or who are deaf or hard of hearing, the Hospital will provide you with communication assistance free of charge. Please advise a NewYork-Presbyterian Hospital staff member if you require communication assistance.

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## Notice of Non-Discrimination Policy and Language Assistance Services (continued)

### Servicios de intérprete y servicios para personas con discapacidad visual o del habla

NewYork-Presbyterian Hospital proveerá asistencia de comunicación gratuita a pacientes y familiares con dominio limitado del inglés (Limited English Proficiency, LEP), con discapacidad visual o del habla, que sean sordos o tengan problemas auditivos. Si necesita asistencia para comunicarse, informe a un miembro del personal de NewYork-Presbyterian Hospital.

### 口譯服務及視障和聽障人士服務

對於英文熟練程度 (Limited English Proficiency, LEP) 有限、存在言語或視覺殘疾、耳聾或聽覺困難的任何 NewYork-Presbyterian Hospital 患者及其家人，醫院將免費提供溝通協助。如需溝通協助，請告知 NewYork-Presbyterian Hospital 員工。

توفر خدمات الترجمة الفورية والخدمات لذوي الإعاقة السمعية والبصرية  
يطيب لنا أن نعلم أي مريض لدى مستشفى (NewYork-Presbyterian Hospital)  
وعائلته ممن يجيدون اللغة الإنجليزية بشكل محدود (Limited English Proficiency, LEP) أو يعانون من إعاقة في  
التحدث أو الرؤية أو كانوا أصمًا أو يعانون من صعوبات في السمع، أن المستشفى سيوفر لكم مساعدة للتواصل دون  
أي مقابل. يرجى إخبار أحد أفراد فريق عمل مستشفى NewYork-Presbyterian Hospital إذا كنت تحتاج إلى مساعدة  
للتواصل.

### Услуги переводчика и услуги для лиц с нарушениями слуха и зрения

Для всех пациентов NewYork-Presbyterian Hospital и членов их семей с ограниченным знанием английского языка (Limited English Proficiency, LEP), нарушениями речи или ослабленным зрением, а также для глухих и слабослышащих лиц больница будет бесплатно предоставлять помощь для общения. Если вам требуется помощь для общения, обращайтесь к персоналу NewYork-Presbyterian Hospital.

### Service d'interprétariat et services pour le malentendants et les malvoyants

NewYork-Presbyterian Hospital propose à tous ses patients et aux membres de leur famille qui ont des compétences limitées en anglais (Limited English Proficiency, LEP), qui présentent des troubles de la parole ou qui sont malvoyants, sourds ou malentendants, un service d'interprétariat gratuit. Veuillez-vous adresser à un membre du personnel de NewYork-Presbyterian Hospital si vous avez besoin de faire appel à ce service.

### 통역 서비스 및 청각과 시각 장애인을 위한 서비스

모든 NewYork-Presbyterian Hospital 환자 및 가족 중 영어 능력이 제한되거나(Limited English Proficiency, LEP), 언어 또는 시각 장애가 있거나, 난청 또는 청각 장애가 있으신 분은 병원에서 제공하는 의사소통 지원 서비스를 무료로 받으실 수 있습니다. 의사소통 지원이 필요하신 경우 NewYork-Presbyterian Hospital 직원에게 문의하시기 바랍니다.

### Servizi di Interpretariato e Servizi per i non-udenti e non-vedenti

A tutti i pazienti del NewYork-Presbyterian Hospital e alle loro famiglie con conoscenza limitata dell'inglese (Limited English Proficiency, LEP), disturbi visivi o verbali o che sono sordi o affetti da ipoacusia, l'Ospedale fornirà assistenza gratuita per comunicare. Informate per favore il personale del NewYork-Presbyterian Hospital se avete bisogno di assistenza per comunicare con noi.

## Notice of Non-Discrimination Policy and Language Assistance Services (continued)

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### Serviços de interpretação e serviços para deficientes auditivos e visuais

Para todos os pacientes do NewYork-Presbyterian Hospital e respectivas famílias com conhecimentos limitados da língua inglesa (Limited English Proficiency, LEP), comprometimento de fala ou visual, ou que apresentem surdez ou deficiência auditiva, o Hospital disponibiliza assistência gratuita para comunicação. Avise um membro da equipe do NewYork-Presbyterian Hospital caso necessite de assistência para comunicação.

### दुभाषिये की सेवाएं और सुनने में कठिनाई वाले और नेत्रहीन लोगों के लिए सेवाएं

अंग्रेज़ी भाषा का सीमित ज्ञान (Limited English Proficiency, LEP) रखने वाले बोलने या सुनने में असमर्थ या फिर बहरे अथवा कम सुनने वाले न्यूयॉर्क प्रेस्बिटेरियन NewYork-Presbyterian Hospital के किसी भी रोगी और उसके परिवारों के लिए अस्पताल निःशुल्क संचार सहायता प्रदान करेगा। अगर आपको संचार में सहायता चाहिए, तो कृपया NewYork-Presbyterian Hospital स्टाफ़ के सदस्य से परामर्श करें।

### Υπηρεσίες διερμηνείας για άτομα με προβλήματα ακοής και όρασης

Για οποιονδήποτε ασθενή ή συγγενή ασθενούς του NewYork-Presbyterian Hospital με περιορισμένη ευχέρεια στη χρήση της αγγλικής γλώσσας (Limited English Proficiency, LEP), με λεκτική ή οφθαλμολογική διαταραχή ή με κώφωση ή δυσκολία στην ακοή, το Νοσοκομείο παρέχει δωρεάν υπηρεσίες διερμηνείας για τη διευκόλυνση της επικοινωνίας. Ενημερώστε κάποιο μέλος του προσωπικού του Νοσοκομείου NewYork-Presbyterian Hospital εάν χρειάζεστε βοήθεια με την επικοινωνία.

### Shërbime përkthimi dhe shërbime për personat me vështirësi në dëgjim dhe shikim

Për pacientët e NewYork-Presbyterian Hospital dhe familjet e tyre me njohuri të kufizuara të gjuhës angleze (Limited English Proficiency, LEP), me vështirësi në të folur apo shikim, ose të cilët nuk dëgjojnë apo kanë vështirësi në dëgjim, spitali ofron ndihmë komunikimi pa pagesë. Nëse kërkoni ndihmë komunikimi, ju lutemi lajmëroni një anëtar të stafit të NewYork-Presbyterian Hospital.

### 通訳サービスおよび視覚・聴覚障害者支援サービス

NewYork-Presbyterian Hospital 病院は、英語力に限界がある (Limited English Proficiency: LEP) 患者、言語障害や視覚障害、または聾者を含む聴覚障害がある患者様とご家族のため、コミュニケーション支援を無料でご提供しております。コミュニケーション支援をご希望される場合は、NewYork-Presbyterian Hospital スタッフまでお申し出ください。

### Dolmetscherdienste und Services für hörund sehbehinderte Personen

Für jeden Patienten des NewYork-Presbyterian Hospital und dessen Familienangehörige mit begrenzten Englischkenntnissen (Limited English Proficiency, LEP) oder Beeinträchtigungen im Sprechen, Hören oder Sehen stellt das Krankenhaus kostenlose Unterstützung für die Kommunikation bereit. Bitte wenden Sie sich an einen NewYork-Presbyterian Hospital-Mitarbeiter, wenn Sie Hilfe bei der Kommunikation benötigen.

### Usługi tłumacza ustnego oraz dla osób niesłyszących i niewidzących

Dla wszystkich pacjentów NewYork-Presbyterian Hospital o ograniczonej znajomości języka angielskiego (Limited English Proficiency, LEP), cierpiących na zaburzenia mowy lub wzroku, głuchych lub niedosłyszących oraz ich rodzin, szpital zapewni bezpłatną pomoc tłumacza. Prosimy o poinformowanie członka personelu NewYork-Presbyterian Hospital w przypadku konieczności skorzystania z pomocy tłumacza.



