Your Child’s Rights as a Hospital Patient
You and your child have certain rights and protections guaranteed by state and federal laws. These laws 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.

Please review Your Rights as a Hospital Patient in New York State, which can be found in the pocket of this Guide. Share this material with family 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 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, source of payment, or age.

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. 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.
Your Child’s Rights as a Hospital Patient (continued from page 1)

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. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.

16. Review your medical record without charge. 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.

17. Receive an itemized bill and explanation of all charges.

18. View a list of the hospital’s standard charges for items and services and the health plans the hospital participates with.

19. You have a right to challenge an unexpected bill through the Independent Dispute Resolution process.

20. 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.

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

22. 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.
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 his or her 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 his or her goals; and any potential problems that might occur during recuperation.

- The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.

- Each patient who is a Medicare beneficiary who is an inpatient (or his/her representative) must be provided the standardized notice, *An Important Message from Medicare (IM)*, within two 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 two 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**
Morgan Stanley Children's Hospital
Patient Services Administration
177 Fort Washington Avenue
New York, NY 10032
(212) 305-5904

**NewYork-Presbyterian Phyllis and David Komansky**
Center for Children's Health at Weill Cornell Medical Center
Patient Services Administration
525 East 68th Street
New York, NY 10021
(212) 746-4293

**Ambulatory Care Network**
NewYork-Presbyterian/
Columbia University Medical Center
Patient Services Administration
(212) 305-5904

(continued on page 4)
Your Child’s Rights as a Hospital Patient (continued from page 3)

You may also call 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
E-mail: patientsafetyreport@jointcommission.org

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

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.

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.

Your Responsibilities
This Statement of Patient Responsibilities was designed to demonstrate that mutual respect and cooperation are basic to the delivery of quality health care. You are responsible 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 child's health.

- Notify your child's doctor or nurse if your child has recently been taking any of the following: vitamins, minerals, both prescription and non-prescription medications, and herbal and nutritional supplements. By letting them know what your child is taking, they can take steps to avoid possible problems with the medications and treatments your child may be getting during his or her Hospital stay.

- Let your child's nurse know if food is brought in from the outside. We need to see that the food is stored safely and won't interfere with your child's special diet or treatment.

- Report any unexpected changes in your child's condition to the responsible medical care provider.

- Report whether you clearly understand each proposed course of action in your child's care and what is expected of you.
Your Responsibilities (continued from page 5)

- Follow the treatment plan recommended by the health care team responsible for your child's care. This group may include doctors, nurses, and allied health personnel who are carrying out the coordinated plan of care, implementing doctor's orders, and enforcing applicable Hospital rules and regulations.

- Be responsible for your actions if you refuse treatment for your child or do not follow your child's medical care providers’ instructions.

- Follow Hospital rules and regulations affecting patient care and conduct.

- Be considerate of the rights of other patients and Hospital personnel, especially with regard to minimizing noise, refraining from smoking, and assuring the appropriate conduct of your child’s visitors.

- Be respectful of the property of others.

- Assure that the financial obligations for your child's health care are fulfilled as promptly as possible.

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

NewYork-Presbyterian Phyllis and David Komansky Center for Children’s Health at Weill Cornell Medical Center
Attention: Director, Patient Services Administration
525 East 68th Street
New York, NY 10021
(212) 746-4293

(continued on page 7)
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 (Braille, 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
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.
Servicios de intérprete
NewYork-Presbyterian 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 de comunicación, informe a un miembro del personal de NewYork-Presbyterian.

翻譯服務
對於英文熟練程度 (Limited English Proficiency, LEP) 有限、存在言語或視覺障礙、耳聾或聽覺困難的任何 NewYork-Presbyterian 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 員工。

توفر خدمات الترجمة الفورية
يُطلب منا أن نتعلم أي مريض لدى مستشفى NewYork-Presbyterian (NewYork-Presbyterian) وعائلته ممن يتحدثون اللغة الإنجليزية بشكل محدود (Limited English Proficiency, LEP) أو يكونون من إعاقة في التحدث أو الرؤية أو كلاهما أصاماً أو يكونون من ضعفاء في السمع. إذا كان المستشفى سيوفر لكم مساعدة للتواصل دون أي مقابل. يرجى إخبار أحد أفراد فريق عمل مستشفى NewYork-Presbyterian كنت تحتاج إلى مساعدة للتواصل.

Услуги переводчика
Для всех пациентов NewYork-Presbyterian 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.

Services d’interprétariat
NewYork-Presbyterian 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 si vous avez besoin de faire appel à ce service.

통역 서비스
모든 NewYork-Presbyterian 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 직원에게 문의하시기 바랍니다.

Servizi di interpretariato
A tutti i pazienti del NewYork-Presbyterian 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 de NewYork-Presbyterian se avete bisogno di assistenza per comunicare con noi.
Serviços de interpretação
Para todos os pacientes do NewYork-Presbyterian e respetivas 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 a comunicação. Avise um membro da equipe de NewYork-Presbyterian caso necessite de assistência para a comunicação.

Výályákar Sêâvarê
Angrejíía Baptic kà Sáimmát Ján (Limited English Proficiency, LEP) râné bále bòllné yá sùnlê ne òó sámm yà frir bêhirê alytba kó sùnlê bâle nyúrárké píssétêriýa NewYork-Presbyterian kë ki sê a sómikí yë rogeme yë ûskê periyàro yà liye àspikal sîlxuq sêncchà sóháymatà pràdàn kàregà. Àngà aàpêkí sêncchà më sóháymatà chàhé, tà jàppà NewYork-Presbyterian sçàfà kë sàdsy së përràmsh kàrë.

Үппрэсие Дииэмнъяч
Гя опооидњòтепе ащеви ы съхьгев ащевуоус тó NewYork-Presbyterian мë пëрирígимëтë ешёрëя стë чрëкс тëт аяглëкиäя гëлûссаа (Limited English Proficiency, LEP), мë лëкткíы ы арэбаллологик диатàррюкë ы мë кëвëрпë ы дëсколаë стëн акохи, тó Носокомёю пàрёхë дњорëн уппрэсие дииэмнъячë гя тë дëюкóлнëш тëт епикоунвëяа. Енмëрëвостë кàпöй мёлос тó просшпикоус тò Носокомёю NewYork-Presbyterian еаáн чрёйясъсетë боöтëя сë мë тëн епикоунвëяа.

Shërëm përkhyesi
Për pacientët e NewYork-Presbyterian 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 dëgjoni apo kanë vështirësi në dëgji, spitali ofron ndihmë komunikimi pa pagesë. Nëse kërkon ndihmë komunikimi, ju lutemi lajmëroni nje anetar të stëtë të NewYork-Presbyterian.

説明サービス
NewYork-Presbyterian 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、または聴覚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紹介しております。コミュニケーション支援をご希望される場合は、NewYork-Presbyterian スタッフまでお申し出ください。

Dolmetscherdienste

Uslugi tłumacza