Patient Rights and Responsibilities

Your Rights as a Hospital Patient
You have certain rights and protections as a patient guaranteed by state and federal laws. These laws are designed to help promote the quality and safety of your 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 care. If you have a question about your 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 Joint Commission and Centers for Medicare and Medicaid Services further states you have the following rights:

- 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 Allen Hospital**
Patient Services Administration
5141 Broadway
New York, NY 10034
(212) 932-4321

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

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

**NewYork-Presbyterian Lawrence Hospital**
Patient Services Administration
55 Palmer Avenue
Bronxville, NY 10708
(914) 787-3074

**NewYork-Presbyterian Lower Manhattan Hospital**
Patient Services Administration
170 William Street
New York, NY 10038
(212) 312-5034

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

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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.

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Your Responsibilities as a Patient (continued)

• 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.

• 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.

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**

**Allen Hospital**
Attention: Director, Patient Services Administration
5141 Broadway
New York, NY 10034
(212) 932-4321

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

**Ambulatory Care Network**

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

**NewYork-Presbyterian**

**Lawrence Hospital**
Attention: Director, Patient Services Administration
55 Palmer Avenue
Bronxville, NY 10708
(914) 787-3074

**NewYork-Presbyterian**

**Lower Manhattan Hospital**
Attention: Director, Patient Services Administration
170 William Street
New York, NY 10038
(212) 312-5034

**NewYork-Presbyterian**

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

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 (NewYork-Presbyterian Hospital) بطبيب لنا أن تعلم أي مرض لدى مستشفى (Limited English Proficiency, LEP) وعائثله ممن يجرون اللغة الإنجليزية بشكل محدود أو يعانون من إعاقة في التحدث أو الرؤية أو كانوا أصما أو يعانون من صعوبات في السمع، أن المستشفى سوف يوفر لكم مساعدة للتواصل دون أي مقابل، يرجى إخبار أحد أفراد فريق عمل مستشفى لتواصل.

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 서비스및 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.
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.

For every patient at NewYork-Presbyterian Hospital and their families with limited knowledge of the English language (Limited English Proficiency, LEP), speech or visual impairment, or those with hearing loss or deafness, the Hospital provides free assistance for communication. Inform a member of the NewYork-Presbyterian Hospital team if you need assistance with communication.

Servicios de interpretación e servicios 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.

Dolmetschdienste und Services für hörund sehbehinderte Personen

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.