

# 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, 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.
- (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. 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) 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.
- (18) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- (19) 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.

## ACKNOWLEDGMENT OF PATIENT RIGHTS INFORMATION RECEIVED

### FOR ALL PATIENTS:

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**LANGUAGE, CULTURAL, and DISABILITY SERVICES**

NYU Hospitals Center does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact our Director of Language, Cultural & Disability Services, Section 504 Coordinator. Phone: 263-0101 (V/TTY) Fax: 263-6640 dhhp@nyumc.org

**ORGAN DONATION**

Have you made any decision about organ donation? Have you completed an Organ Donor Card or included your decision on your driver's license?

**Yes**, I have decided to be a donor

**No**, I have not decided to be a donor or prefer not to discuss this

**VETERAN STATUS – only check box if you are a veteran as described**

I am a veteran of the United States Military, who was not dishonorably discharged or released. I understand that services may be available to me at a Department of Veterans' Affairs hospital. The cost of these services, if any, will depend on a financial assessment and other conditions as determined by the VA.

### FOR ALL OUTPATIENTS:

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I have received a copy of the **New York State Patient Bill of Rights**, and understand my rights.

I have received a copy of **DECIDING ABOUT HEALTH CARE**

This guide is for New York State patients and for those who will make health care decisions for patients. It contains information about

- How adult patients with decision-making capacity make decisions in hospitals and nursing homes
- How health care decisions are made for a patient who does not have capacity to help plan their care
- Do Not Resuscitate (DNR) orders in a health care facility,
- Do Not Resuscitate (DNR) orders in the community.
- Advance Directives/Health Care Proxies
- Resolving Disputes about healthcare decisions in Hospitals and Nursing Homes

### FOR INPATIENTS:

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I've received a copy of **YOUR RIGHTS AS A HOSPITAL PATIENT IN NEW YORK STATE**. It tells about:

- My right to have interpreters or other help so I can understand my rights and this booklet
- The Patient's Bill of Rights
- How to ask questions or make a complaint about my care or discharge plan, my bill or insurance
- My right to appeal decisions made by my doctor, hospital or insurance plan
- How to plan for my medical treatment. It tells me how to explain what kind of care I want and don't want if I become unable to tell you or my family (Health Care Proxy, Do Not Resuscitate, Living Will)
- Information we must send to New York State about each hospital admission
- My rights if I have been beaten or abused by someone in my home or someone close to me
- Information for Maternity patients
- How I can see or get a copy of my medical records, or give someone else permission to see or get a copy of them.

### FOR PEDIATRIC INPATIENTS (Younger than 18) & THEIR FAMILIES

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I have received the Pediatric Bill of Rights

I have also received the Statement of Patient Responsibilities. I understand them, and all the CHECKED information listed above. They have been fully explained to me.

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*Signature of Patient*

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*Relationship to Patient*

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*Date*



## Statement of Patient Responsibilities

NYU Langone Medical Center partners with our patients to create a safe and effective place to heal. This Statement of Patient Responsibilities, along with the Patient's Bill of Rights, provides a guideline to support your participation in your health care.

### **It is your responsibility to:**

- Provide complete, accurate information about your:
  - past illnesses
  - hospitalizations
  - medications
  - health-related matters
  - insurance coverage and other sources of payment. Please tell us if you have named a financial power of attorney.
- Try to answer questions asked by your health care team.
- Work with your health care team to develop a treatment plan that meets your needs.
- Soon after your admission to the hospital, it is important for you to start planning for:
  - your discharge (when you leave the hospital)
  - the care you will need after your discharge
- Tell the hospital staff and your health care team about any advance directives you have (health care proxy, living will, medical power of attorney). If possible, provide copies of any advance directives at the time of your admission.
- Understand your health care needs and treatment plan. You should:
  - Ask questions.
  - Tell your health care team if:
    - there is anything you don't understand.
    - there is anything you don't agree with.
- Follow your treatment plan. This is important when you are in the hospital and after you leave.

### **It is also your responsibility to:**

- Respect and follow the rules, regulations and policies of the hospital.
- Treat other patients, visitors and staff with respect and consideration.
- Respect our staff's and other patients' right to privacy. The use of cameras, telephones or other equipment to take pictures or make recordings is only permitted for a patient to be photographed with his or her own visitors and family members.
- Respect property belonging to other people and the hospital.
- Keep the noise level low to support restful healing.
- Behave in ways that are considerate of others and don't put them at risk. This includes:
  - DO NOT drink alcohol.
  - DO NOT use tobacco products.
  - DO NOT use recreational drugs.
  - DO NOT be aggressive or violent.

# Parent's Bill of Rights

The hospital views every parent and legal guardian as a valued member of the health care team and encourages you to speak with staff about your child's care.

As a pediatric patient/family in a hospital in New York State, you have the right to:

- 1** Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST give support, including an interpreter.
- 2** Have care, treatment and services free from discrimination related to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, who pays for care or your ability to pay.
- 3** Be asked for the name of your primary care provider and have this information put in your medical record.
- 4** Be cared for by qualified staff, in the right kind of space with the right-sized equipment needed for the unique needs of patients who are children.
- 5** Know the names of doctors or staff and a person's title or job.
- 6** To the extent possible, have at least one parent/guardian stay with the patient at all times.
- 7** Have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected and to have related services if needed.
- 8** Expect staff to check for pain regularly, to take care of pain issues in a reasonable time and teach you about pain care.
- 9** Privacy while in the hospital and confidentiality of all information and records about your care.
- 10** Have someone from the hospital ask your permission before recording, filming or taking pictures of you or your child.
- 11** Be involved in and make decisions about care, treatment and services. This includes giving information about your child's health problem and helping to make and carry out the treatment plan.
- 12** Have all lab results given to your child's primary care provider.
- 13** Have all test results done during your child's admission or emergency room visit reviewed by a doctor, doctor's assistant or nurse practitioner who knows your child's health condition.
- 14** Not be sent home from the hospital or the emergency room until any tests that could reasonably be expected to give "critical value" results are completed and reviewed by medical staff who talk to you about them as appropriate. Critical value results are results that suggest a life threatening or otherwise significant condition that requires immediate medical attention.
- 15** Be sent home with a written discharge plan, which will also be talked about with other medical decision-makers. This plan will show critical value results of lab or other tests done during your stay and show any other tests that have not yet been finished. It will be discussed with you in a way that makes sure you can look at, talk about, and understand this health information so you can make health decisions that are right for your child.
- 16** Be given, upon discharge, a phone number that you can call for advice in the event that complications or questions arise concerning your child's condition.
- 17** Look over your medical record free of charge. Get a copy of your medical record to keep for which the hospital can charge a small fee. You cannot be denied a copy if you cannot afford to pay.
- 18** Complain without fear of punishment about the care and services you and your family are getting and have the hospital respond. You may have a written response if you ask for one. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must give you the State Health Department telephone number.