

ACKNOWLEDGMENT OF PATIENT RIGHTS INFORMATION RECEIVED (please initial each section):

WE DO NOT DISCRIMINATE NYU Hospitals Center does not discriminate against any person on the basis of age, race, ethnicity, language, national origin, socioeconomic status, mental or physical disability, religion, sex, sexual orientation, gender identity or expression in admission, treatment, or participation in its programs, services and activities, or in employment. For more information about this policy, call Patient Relations, North Campus (& all ambulatory sites): 212-263-6906; South Campus (HJD) 212-598-6336, or NYU Lutheran 718-630-7314 or NYU Winthrop Hospital 516-663-2058.

_____ **WHAT LANGUAGE DO YOU PREFER TO USE WITH US?** I know I can ask you to use the language I prefer whenever you speak with me about my care. I know I can ask for interpreting services at no charge whenever we talk about my care. I understand we should plan these services as soon as possible.

PREFERRED LANGUAGE: _____

_____ **VETERAN STATUS** Have you served in the United States military? Has somebody in your family served in the military? We will give you a brochure from the NYS Division of Veterans' Affairs. It explains state & federal benefits that might help you. We will also give you a list of veterans' health care choices.

_____ **OUTPATIENTS:** 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 patients and for anyone who will help make health care decisions for them. It has information about the rights of adult patients to make decisions about their care in hospitals and nursing homes. It tells me about my rights to make decisions now about my care in the future if life-saving measures are needed. These might include decisions about resuscitation, tube feeding, or mechanical breathing assistance. It includes patient rights if there are any disagreements about their care in Hospitals or Nursing Homes.

_____ **INPATIENTS:** I have received a copy of YOUR RIGHTS AS A HOSPITAL PATIENT IN NEW YORK STATE. It includes a copy of The Patient's Bill of Rights. It has information about

- 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 in advance the care I want and don't want if I become unable to tell you or my family
- 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.
- **PEDIATRIC INPATIENTS (Younger than 18) & FAMILY** received the Pediatric Bill of Rights

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

_____ **VISITOR RIGHTS: You have the right to choose who visits.** We know this can be important to your health and healing.

You can also choose who may not visit. You decide which family or friend you want to be a part of decisions and plans for your care. You may change your mind at any time. We will not restrict, limit, or deny visiting on the basis of age, race, ethnicity, language, national origin, socioeconomic status, mental or physical disability, religion, sex, sexual orientation, gender identity or expression. BUT children under 16 must be accompanied by an adult and may NEVER be left alone with a patient. **You have the right to choose when you have visitors.** Most areas welcome visitors at least from 10 am to 8 pm. BUT your health care team may change or limit visiting hours for your health and safety (or the health and safety of others). For everyone's privacy & comfort in shared rooms, it is best to only have 1 or 2 visitors at a time. **You have the right to have someone with you at all times.** Speak with your team to arrange for an overnight visitor.

_____ **VALUABLES: I understand that the hospital is not responsible for any personal belongings I keep with me.** I understand that to keep my belongings safe, you advise me to send them home. If I have any assistive devices to help me communicate, eat, or move around, that I need to keep them with me, I must ask nursing to list them in my health record. I understand the hospital is not responsible for any of my assistive devices or equipment if I have not asked nursing to list it in my record. 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.

Signature of Patient

Relationship to Patient

Date