

# Patient Rights and Responsibilities

The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal and receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor. The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse. The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

• If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

## Respect

- Patients are treated with respect, consideration and dignity for both property and person.
- The organization respects the patient's cultural and personal values, beliefs, and preferences.
- The organization respects the patient's right to pain management.
- The patient's rights will be protected and respected during research, investigation and clinical trials.

#### Communication

• The organization respects the patient's right to and need for effective communication.

#### Dignity/Privacy

- Patients are provided appropriate privacy and confidentiality including all information and records pertaining to the patient's treatment.
- The organization treats the patient in a dignified and respectful manner that supports his/her dignity
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

## Consideration and Safety

- · Receive care in a safe setting.
- Be free from all forms of abuse and harassment.
- Patient's right to refuse to participate in experimental research or refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions.
- The patient may refuse care, treatment, or services, in accordance with law and regulation.
- The patient has the right to actively participate in decisions about his/her care.
- 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 center.
- Patients are informed of their right to change their provider if other qualified providers are available.
- Patients are given the opportunity to participate in decisions involving their care, except when such participation is contraindicated for medical reasons
- The organization involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
- The organization honors the patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

## Confidentiality

Patient disclosures and records are treated confidentially, and patients are given the
opportunity to approve or refuse their release, except when release is required by law
or third party payment contract.

# Information

- The organization allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis before the treatment or procedure tailored to the patient's age, language, and ability to understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- The organization provides interpreting and translation services, as necessary.
- The organization communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.
- Patient conduct, responsibilities and participation.
- Disclose physician financial interests or ownership in the Center
- Services available at the organization.
- Provisions for after-hours and emergency care.
- Fees for services, eligibility for third party reimbursement and, when applicable, the
  availability of free or reduced cost care and receive an itemized copy of his/her
  account statement, upon request.
- Payment policies.
- Advance directives, as required by state or federal law and regulations and if requested, official State advance directive forms.
- The patient will be informed of his/her rights prior to the procedure in a manner in which the patient or the patient's representative understands. The center must protect and promote the exercise of such rights.
- The credentials of health care professionals.
- Document in a prominent part of the patient's current medical record, whether or not the individual had executed an advance directive.
- Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.
- Patients are provided with appropriate information regarding the absence of malpractice insurance coverage, if applicable.
- The organization informs the patient or surrogate decision maker- about unanticipated outcomes of care, treatment, or services that relate to sentinel events considered by the Accreditation Association for Ambulatory Health Care.

- Representation of accreditation to the public must accurately reflect the accredited entity.
- Patients may access his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title.
- Receive from his/her physician information necessary to give informed consent prior
  to the start of any nonemergency procedure or treatment or both. An informed consent
  shall include, as a minimum, the provision of information concerning the specific
  procedure or treatment or both, the reasonably foreseeable risks involved, and
  alternatives for care or treatment, if any, as a reasonable medical practitioner under
  similar circumstances would disclose in a manner permitting the patient to make a
  knowledgeable decision. A patient has the right to give or withhold informed consent
- Patients are informed about procedures for expressing suggestions, complaints and grievances regarding treatment or care that is (or fails to be) furnished, including those required by state and federal regulations.

## Patient Complaint/Grievance:

The patient and family are encouraged to help the facility to improve its understanding of the patient's environment by providing feedback, suggestions, comments and or complaints regarding the service needs and expectations. A complaint or grievance should be registered by contacting the center administrator and/or patient advocate through the State Department of Health or Medicare. The center will respond in writing with notice of how the grievance has been addressed within 30 days of receipt

Marie Elrose, Administrator 176-60 Union Turnpike, Fresh Meadows, NY 11366 718-425-3300

Medicare Beneficiary Ombudsman 1-800-MEDICARE OR 1-800-633-4227

Website:www.medicare.gov/claims-and-appeals/medicare-rights/get-help/Ombudsman.HTML

NYS DOH Department of Health Centralized Hospital Intake Program Mailstop CA/DC Empire State Plaza, Albany, NY 12237 Website: <a href="https://www.health.ny.gov/facilities/hospital/complaint/complaint\_form.htm">www.health.ny.gov/facilities/hospital/complaint\_form.htm</a> Complaints Hotline Number: 1-800-804-5447

## For concerns about patient safety and quality of care that you feel have not been addressed appropriately by the center Administrator, you can also contact:

The Joint Commission at:

E-mail: complaint@jointcommission.org

Fax: 630-792-5636

Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

OR

**Accreditation Association of Ambulatory Health Care at:** 

E-mail: complaint@aaahc.org

Fax: 847-853-6060

Mail: Office of Quality Monitoring
Accreditation Association of Ambulatory Health Care

5250 Old Orchard Road, Suite 200 Skokie, Illinois 60077

## The patient has the responsibility to do the following:

- Follow the treatment plan prescribed by his/her provider and participate in his/her care
- The patient is encouraged to ask any and all questions of the physician and staff in order that he/she may have a full knowledge of the procedure and aftercare.
- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.

Be respectful of all the health care providers and staff, as well as the other patients.

## Advance Directives

In accordance with NY State Public Health Law 2980-2994, we must inform you of the center policy on Advance Directives. Advance directives include but are not limited to a **health care proxy**, consent to a **do-not-resuscitate (DNR) order** recorded in your medical record and a **living will**.

Due to the fact that The Queens Endoscopy is an Ambulatory Surgery Center for the purpose of performing elective procedures in a safe and uncomplicated manner, patients are expected to have an excellent outcome. If a patient should have a complication, the center staff will always attempt to resuscitate the patient and transfer that patient to a hospital in the event of deterioration.

If a patient should provide his/her Directive, a copy will be placed on the patient's medical record and transferred with the patient, should a hospital transfer be ordered by his/her physician. In order to assure that the community is served by this center, information concerning advance directives/Healthcare proxy and DNR orders is available at the center and:

## Information on Advance Directives

## New York Advance Directive Planning for Important Healthcare Decisions Caring Info 1731 King Street, Suite 100 Alexandria VA 22314

Help Line: 800.658.8898 Multilingual Line: 877.658.8896 Email: <a href="mailto:caringinfo@nhpco.org">caringinfo@nhpco.org</a> Website: <a href="mailto:www.caringinfo.org">www.caringinfo.org</a>

## Physician Participation

This is to inform you that your physician may have ownership in this center:

Armand Asadourian, MD; Neil Brodsky, MD; Rom Gupta, MD; Kamran Nia, MD; Donald Palmadessa, MD; James Rand, MD; Daniel Reich, MD; H. Alan Schnall, MD; Nicholas Triantafillou, MD; Arthur Vogelman, MD