

Patients' Bill of Rights

Name: _____

MRUN #: _____ DOB: _____

Date of Service: _____ ACCT#: _____

If no label write patient information in this box.

ONEIDA HEALTHCARE IN RECOGNITION OF ITS DESIRE TO PROVIDE EACH OF ITS PATIENTS WITH THE HIGHEST QUALITY MEDICAL CARE AND SATISFACTION WITH THE HOSPITAL'S SERVICES, PLEDGES THEREFORE, THAT EACH PATIENT SHALL BE AFFORDED THE RIGHT TO:

- (1) Understand and use these rights. If for any reason you do not understand or you need to 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 Healthcare - 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 concerning 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 your 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 Departments telephone number. (NYS Department of Health, Regional Office, 217 South Salina Street, Syracuse NY 13202, 315-477-8592).
- (18) Authorize those family members and 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.

I understand these rights as explained to me:

SIGNATURE OF PATIENT (OR PATIENTS REPRESENTATIVE)

DATE

TIME

SIGNATURE OF HOSPITAL REPRESENTATIVE

DATE

TIME

Public Health Law (PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7(a)(1), 405.7(c)

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