

Long Island Select Healthcare Patient Bill of Rights

As a patient of Long Island Select Healthcare, 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, Long Island Select Healthcare **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 provider who will be treating you.
6. Know the names, positions and functions of any staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking environment.
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 the front desk 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 at Long Island Select Healthcare and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment.

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15. Review your medical record without charge. Obtain a copy of your medical record for which the Long Island Select Healthcare 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 Long Island Select Healthcare respond to you and if you request it, a written response. If you are not satisfied with Long Island Select Healthcare's response, you can complain to the New York State Health Department. Long Island Select Healthcare must provide you with the State Health Department telephone number.
18. 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 front desk.

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Testament of Receipt of Patient Bill of Rights

I, _____ acknowledge receipt of the attached
Patient Name (Printed)

I have read and/or reviewed the Long Island Select Healthcare Bill of Rights and I have asked any questions that I have. I also understand that I may raise any questions about this information at any time and I am entitled to a full discussion at any time to answer any further questions that I have.

Signature of Patient

Date

OR

Patient's Designee:

Signature

Date

Print Name and Relationship to Patient

Witness to Signature:

Witness/Title of Witness

Date