

Andrew J. Spano, Westchester County Executive

**WESTCHESTER COUNTY HEALTH DEPARTMENT
PATIENT'S RIGHTS**

As found in the New York State Department of Health code 751.9.

- a. Policies and procedures shall be developed and implemented regarding the patients' rights. The operator shall have in effect a written statement of patients' rights which is prominently posted in patient care area and a copy of which is given to the patient. Such statement shall include the patients' right to:
 1. received service(s) without regard to age, race, color sexual orientation, religion, marital status, sex, national origin or sponsor;
 2. be treated with consideration, respect and dignity including privacy in treatment;
 3. be informed of the services available at the center;
 4. be informed of the provisions for off-hour emergency coverage;
 5. be informed of the charges for services, eligibility for third-party reimbursement and, when applicable, the availability of free or reduced cost care;
 6. receive an itemized copy of his/her account statement, upon request;
 7. obtain from his/her health care practitioner, or health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
 8. 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;
 9. refuse treatment to the extent permitted by Law and to be fully informed of the medical consequences of his/her action;
 10. refuse to participate in experimental research;
 11. voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
 12. express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health's Office of Health Systems Management;
 13. privacy and confidentiality of all information and records pertaining to the patient's treatment;
 14. approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract; and
 15. access his/her medical record pursuant to the provisions of Section 18 of the Public Health Law, and subpart 50-3 of this title.

Questions or complaints may be directed to:
On site facility Manager or Assistant Commissioner of Health
Westchester County Health Department
145 Huguenot St.
New Rochelle, N.Y. 10801
(914) 813-5184

Office of Health Systems Management
New York State Department of Health
145 Huguenot Street, 6th floor
New Rochelle, NY 10801
(914) 654-7000-7124

Westchester County Department of Health
Community Health Services

Patient's Rights and Responsibilities

As a home health care patient, you have the right to:

1. Be given information about your rights and responsibilities for receiving home health care services.
2. Receive a timely response from the Home Health Care agency regarding your request for home health care services.
3. Be given information of the Home Health Care Agency Policies and procedures and charges for services, including your eligibility for third party reimbursement.
4. Be given appropriate and professional quality home care services without discrimination against your race, creed, color, religion, sex, national origin, sexual preference, handicap or age.
5. Be treated with courtesy and respect by all who provide home health care services to you.
6. Be given proper identification by name and title of everyone who provides home health care services to you.
7. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose, in terms and language you can reasonably be expected to understand.
8. A Plan of home health care that will be developed to meet your unique health care needs.
9. Participate in the development of your home health care plan.
10. Be given an assessment and update of your developed home health care plan.
11. Be given data privacy and confidentiality.
12. Be given information regarding anticipated transfer of your home health care to another health care facility and/or termination of home health care services to you.
13. Voice grievance with and/or suggest change in home health care services and/or staff without being threatened, restrained and discriminated against.
14. Refuse treatment within the confines of the law.
15. Be given information concerning the consequences of refusing treatment.
16. All rights and responsibilities specified in this listing, as they pertain to a patient adjudicated in accordance with State Law, devolve to the appointed committee authorize to act on behalf of the patient.

As a home health care patient you have the responsibility to:

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, and other pertinent items.
2. Assist in developing and maintaining a safe environment.
3. Inform the Home Health Care Agency when you will not be able to keep a home health care visit.
4. Participate in the development and update of your home health care plan.
5. Adhere to your developed /updated home health care plan.
6. Request further information concerning anything you do not understand.
7. Give information regarding concerns and problems you have to the nurse.

Questions or complaints may be directed to:
Assistant Commissioner of Health for Nursing
Westchester County Department of Health
145 Huguenot Street
New Rochelle, New York 10801
(914) 813-5184

Office of Health System Management
New York State Department of Health
145 Huguenot Street, 6th Floor
New Rochelle, New York 10801
(914) 654-7000
NYSDOH Hotline (1-800-628-5972)



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**Departamento de Salud del Condado de Westchester
Servicios de Salud de la Comunidad**

DERECHOS Y RESPONSABILIDADES DEL PACIENTE

Como paciente de cuidado de salud en casa, usted tiene los siguientes derechos:

1. Que se le dé información acerca de sus derechos y responsabilidades mientras recibe servicios de cuidado de salud en casa.
2. Recibir una respuesta pronta de la Agencia de Cuidado de Salud en Casa de su solicitud por servicios de cuidado de salud en casa.
3. Que se le dé información de las pólizas y procedimientos de la Agencia de Cuidado de Salud en Casa y sus cargos por servicios, incluyendo su elegibilidad para un reembolso de terceras personas.
4. Que se le den servicios de cuidado de salud apropiados y de calidad profesional sin discriminación por su raza, credo, color, religión, género, nacionalidad de origen, orientación sexual, incapacidad o edad.
5. Ser tratado con cortesía y respeto por todos los que le provean servicios de cuidado de salud en casa.
6. Que se le dé identificación adecuada por nombre y título de todas las personas que le provean servicios de cuidado de salud en casa.
7. Que se le dé la información completa y actualizada referente a su diagnóstico, tratamiento, alternativas, riesgos y pronosis según lo requiera la obligación legal de su doctor de divulgar en términos y lenguaje que se pueda razonablemente esperar que usted entienda.
8. Un plan de cuidado de salud en casa que sea desarrollado para suplir sus necesidades únicas de cuidado de salud.
9. Participar en el desarrollo de su plan de cuidado de salud en casa.
10. Que se le dé una evaluación y actualización de su plan desarrollado de cuidado de salud.
11. Que se le den datos médicos privada y confidencialmente.
12. Que se le dé información acerca del traslado anticipado de su cuidado de salud en casa a otra localidad de cuidado de salud y/o la terminación de sus servicios de cuidado de salud en casa.
13. Articular quejas en contra de y/o sugerir cambios en los servicios y/o personal de cuidado de salud en casa sin ser amenazado, restringido o discriminado.
14. Rehusar tratamiento dentro de los confines de la ley.
15. Que se le dé información referente a las consecuencias de rehusar tratamiento.
16. Todos los derechos y responsabilidades especificadas en la lista, según se refieren a un paciente adjudicado de acuerdo con la Ley Estatal, se ceden al comité nombrado autorizado a actuar de parte del paciente.

Como paciente de cuidado de salud en casa, usted tiene las siguientes responsabilidades:

1. Dar información de salud completa y acertada acerca de sus enfermedades pasadas, hospitalizaciones, medicamentos, alergias y otros temas relacionados.
2. Ayudar a desarrollar y mantener un ambiente seguro.
3. Informar a la Agencia de Cuidado de Salud en Casa cuando no podrá cumplir con su cita de cuidado de salud en casa.
4. Participar en el desarrollo y la actualización de su plan de cuidado de salud en casa.
5. Cumplir con el plan desarrollado y actualizado de cuidado de salud en casa.
6. Pedir información adicional referente a cualquier cosa que usted no entienda.
7. Dar información a la enfermera referente a problemas o preocupaciones que usted tenga.

Preguntas o quejas pueden dirigirse a:

Assistant Commissioner of Health for Nursing
Westchester County Department of Health
145 Huguenot Street, New Rochelle, New York 10801
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New York State Department of Health
145 Huguenot Street, 6th Floor, New Rochelle, New York 10801
(914) 654-7000
NYSDOH Línea de Emergencia - 1 (800) 628-5972