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**Patient Bill of Rights and Responsibilities**

At Nathan Littauer Hospital & Nursing Home, we seek to provide quality care that is fair, responsive and accountable to the needs of each patient and family. We are committed to ensuring that each patient is treated with respect and as an equal partner in care. You can help us make your healthcare experience safe by being an active and informed partner with your healthcare team.

**As a patient in a hospital in New York State, 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, 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 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 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 in the hospital and confidentiality of all information and records regarding 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. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
16. 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.
17. Receive an itemized bill and explanation of all charges.
18. View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.
19. You have a right to challenge an unexpected bill through the Independent Dispute Resolution process.
20. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you 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 Department telephone number.
21. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
22. 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.

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

**About Your Rights**

**As a patient in a New York State hospital, you have certain rights and protections guaranteed by state and federal laws and regulations.** These laws and regulations help ensure the quality and safety of your hospital care.

You have the right to participate in decisions about your health care and to understand what you are being told about your care and treatment. For example, you are entitled to a clear explanation of tests, treatments and drugs prescribed for you. Don't hesitate to ask questions of your doctor, nurse or hospital staff members. **You have a right to know what's going on.**

**Every patient is unique; every hospital stay is different.** It is important to know what specific rights apply to you and what to do if you feel you need help. Some rights and protections, such as those that govern when you leave the hospital, depend on receiving correct written notices. You will also be provided with information explaining when and where to call or write for help.

**If you have a problem or if you don't understand something, speak to your nurse, doctor, social worker or patient representative.**

**They can:**

* help you get answers;
* arrange special help;
* make contacts with your family;
* get foreign language and sign language interpreters; and
* generally make your hospital stay easier.

**About Your Special Needs**

**Each hospital must make staff available to explain or answer questions about your rights and to provide information on how you can protect those rights.**

* If you are hearing or vision impaired, or if English is not your first language, skilled interpreters must be provided to assist you. Translations and/or transcriptions of important hospital forms, instructions and information must be provided to you if you feel you need them.

**But you must speak up and ask questions.**

You can contact a patient representative before you enter the hospital to be sure your special arrangements are made when you get there.

* If you have a question about any of this information or feel that your needs have not been adequately met, ask the patient representative or other hospital staff person for further explanation or contact the New York State Department of Health at hospinfo@health.ny.gov.

**Concerns/Problems/Complaints About Your Hospital Care**

If you have a concern, problem or complaint related to any aspect of care during your hospital stay, speak to your doctor, nurse or hospital staff member. If hospital staff has not resolved the problem, you may contact the New York State Department of Health by mail or phone.

You may call the toll-free number 1-800-804-5447 or you may file a complaint in writing and send it to:

*New York State Department of Health
Centralized Hospital Intake Program
Mailstop: CA/DCS
Empire State Plaza
Albany, NY 12237*

**If You Think You Are Being Asked to Leave the Hospital Too Soon...**

**You have the right to appeal decisions** made by your doctor, hospital staff or your managed care plan:

* about when you are to leave the hospital;
* if you feel you are being asked to leave the hospital too soon;
* if you believe you have not been given adequate or appropriate plans for your medical care and other services you may need after you leave the hospital;
or
* if needed services are not in place.

The law requires that you receive advance notice **in writing** telling you:

* the date the physician and/or hospital plans to discharge you;
* how to appeal if you wish to remain in the hospital; and
* a special number to call with any problems related to leaving the hospital.

**For Assistance/Help**

There is an Independent Professional Review Agent (IPRA) for your area and your insurance coverage. Should you need assistance/help from the IPRA, the hospital will provide you with a phone number/ person to contact. See [the Glossary](https://www.health.ny.gov/publications/1449/section_2.htm) for more information.

**For Medicare Patients Only**

If you feel that you are being asked to leave the hospital too soon and have not received advance notice telling you when to leave the hospital, ask for your discharge notice (called "The Important Message from Medicare about Your Rights"). If you are in a Healthcare Maintenance Organization (HMO), you should also request "The Important Message from Medicare about Your Rights". You must have this written discharge notice in order to appeal the physician's and hospital's decision about when you are to leave.

**For Managed Care Patients**

If you are a patient enrolled in an HMO or managed care plan, first request/submit an expedited appeal to the HMO or plan's utilization review committee if you feel your benefits are unfairly limited or denied, or you are being asked to leave the hospital too soon, or that medically necessary services are inappropriately excluded from your coverage. If you are not satisfied with the outcome of that appeal request, you may contact the New York State Department of Health by calling the Bureau of Managed Care Certification and Surveillance at: **1-800-206-8125.**

The Managed Care Law of 1996 amending Public Health Law 4408, Disclosure of Information

**You Have the Right to File a Complaint About:**

**Doctors or Physician Assistants**

If you feel that you have received incompetent, negligent or fraudulent care from a doctor or physician assistant, you may file a report with the New York State Department of Health Office of Professional Medical Conduct (OPMC). OPMC investigates all reports of possible professional misconduct by physicians and physician assistants. Reports must include the full name and address of the doctor or physician assistant and all relevant information. Reports must be made in writing to:

***New York State Department of Health
Office of Professional Medical Conduct
Intake Unit, Suite 355
Riverview Center
150 Broadway
Albany, NY 12204-2719***

For more information or to obtain a complaint form, call **1-800-663-6114** or visit the Department of Health website at [www.health.ny.gov/professionals/doctors/conduct/](https://www.health.ny.gov/professionals/doctors/conduct/).

Reports are kept confidential. An investigation may result in a formal hearing before a committee of the Board for Professional Medical Conduct. The Board consists of physicians and consumer members appointed by the Commissioner of Health.

See the Glossary for examples of "medical misconduct" by a doctor or physician assistant.

**Other Health Care Professionals**

If you feel you received incompetent, negligent or fraudulent care from any other licensed health care professionals, such as nurses, dentists, social workers, optometrists, psychologists, physical or occupational therapists and podiatrists, you may file a complaint by contacting:

***New York State Education Department
Office of Professional Discipline
475 Park Avenue South
2nd Floor
New York, New York 10016
1-800-442-8106***

**Questions or Complaints About Your Hospital Bill or Health Insurance**

* As a hospital patient, you are entitled to an itemized bill.
* Your hospital bill may identify a charge called a "surcharge." These surcharges fund important public programs and have existed in previous years, although they may not have appeared as separate costs on the bill. The surcharge represents an additional amount due on total hospital bills in New York State and, depending on your insurance contract, New York State law allows a portion of these costs to be billed to you.
* Hospitals negotiate payment rates with insurers, HMOs and other types of managed care plans, as well as commercial insurers and self-insured groups. These rates may vary. Contact your insurer with any questions you may have regarding your coverage.
* **If you have questions about your coverage, the services billed or amounts paid, contact the hospital's billing office and your insurer to resolve any questions/ problems that you may have.**.

**For Medicare Patients**

If you are a Medicare patient and have questions about your hospital bill, call Medicare:

**1-800-MEDICARE (1-800-633-4227)**

**For Managed Care Patients**

If you are enrolled in a managed care plan and you are having trouble getting care or feel your care is not satisfactory, you may complain to the plan. The plan's handbook MUST tell you how to complain and how to get an immediate review. If you are not satisfied with the HMO or plan's response to your complaint, contact the New York State Department of Health at:

**1-800-206-8125**

Medicare managed care enrollees may call Livanta:

**1-866-815-5440**

**Access to Your Medical Records**

**New York State law requires all health care practitioners and facilities to grant patients access to their own medical records.** Section 18 of the Public Health Law contains procedures for making these records available and the conditions under which a provider can deny access. Patients may request information, in writing, as may parents or guardians who have authorized their child's care.

If you **want to see** your medical records, ask your doctor and/or the director of medical records at the hospital. New York State law guarantees you the opportunity to inspect your medical records within 10 business days of your written request.

If you **want to have a copy** of your medical records, you must submit a written request to the hospital. Address the request Access to Your Medical Records to the Director of Medical Records at the hospital. If you request a copy of your records, the hospital may charge you up to 75 cents per page.

If the hospital **fails to acknowledge** or act on your request, you may complain to the Department of Health by calling 1-800-804-5447.

**If you have been denied access** to all or part of your hospital records, you may appeal to the New York State Department of Health Medical Records Access Review Committee. The hospital/doctor is required to provide a form (DOH-1989) that gives the reason(s) for denial and information on this appeals process.

**Health information exchange.**

We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through health information exchanges (HIE). For example, information about your past medical care and current medical conditions and medications can be available to us, other care providers or a hospital, if they participate in the HIE as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. Health records will be available to the HIE unless an individual elects to opt-out. An individual who wishes to opt-out of participation in the HIE should contact the Health Information Services Department to request this restriction. An individual’s decision to opt-out of HIE participation will not adversely affect his or her ability to receive care. However, it may affect the information available to the provider. It does not affect the sharing of health information for treatment through more traditional methods, such as having records faxed or mailed. After choosing to opt-out of HIE participation, an individual may later decide to opt back in by contacting the Health Information Services Department.

**Notice About Nondiscrimination and Accessibility Requirements**

Nathan Littauer Hospital & Nursing Home complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NLH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Nathan Littauer Hospital & Nursing Home provides the following aids and services free of charge:**

* Aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats);
* Language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services or if you believe that NLH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Nathan Littauer Hospital’s Section 1557 Coordinator:

Nathan Littauer Hospital & Nursing Home

Attn: Director of Performance Improvement

99 East State Street

Gloversville, NY 12078

518-773-5530

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-731-3609 (TTY: 1–855-715-0110).

ATENCIÓN:si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.Llame al Call 1-844-731-3609 (TTY: 1–855-715-0110).

UWAGA:Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.Zadzwoń pod numer Call 1-844-731-3609 (TTY: 1–855-715-0110).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Call 1-844-731-3609 (TTY: 1–855-715-0110).。

주의:한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-217-366-1200 (TTY: 1–888-391-0412) 번으로 전화해 주십시오.

PAUNAWA:Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.Tumawag sa 1-217-366-1200 (TTY: 1–888-391-0412)

ملحوظة:إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.اتصل برقم 1-217-366-1200 (رقم هاتف الصم والبكم: 1-888-391-0412).

ВНИМАНИЕ:Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1–217-366-1200 (телетайп: 1–888-391-0412).

**સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો** Call 1-844-731-3609 (TTY: 1–855-715-0110).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-217-366-1200 (TTY: 1-888-391-0412).

CHÚ Ý:Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.Gọi số Call 1-844-731-3609 (TTY: 1–855-715-0110).

ATTENZIONE:In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.Chiamare il numero Call 1-844-731-3609 (TTY: 1–855-715-0110).

ध्यान दें:यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। Call 1-844-731-3609 (TTY: 1–855-715-0110) पर कॉल करें।

ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.Appelez le 1–217-366-1200 (ATS : 1–888-391-0412).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε Call 1-844-731-3609 (TTY: 1–855-715-0110).

ACHTUNG:Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.Rufnummer: Call 1-844-731-3609 (TTY: 1–855-715-0110).