

Patient's Bill of Rights

As a patient at any New York City Department of Health and Mental Hygiene facility you have the right to:

1. Receive a copy of this Bill of Rights.
2. Receive treatment for health problems no matter what your
 - age
 - race
 - religion
 - national origin
 - color
 - marital status
 - sex
 - sexual orientation
3. Be informed of the services available at the clinic.
4. Receive complete information about your health problem (diagnosis, treatment and prognosis) from your health care practitioner or his/her delegate. This information should be provided to you in a way you can be reasonably expected to understand.
5. Have access to your medical record pursuant to Section 18 of the New York State Public Health Law and other applicable laws.
6. Have the physician give you, before the start of any non emergency procedure or treatment, the information you will need to give informed consent for the procedure or treatment. The information given to you should include:
 - what will be done;
 - what the risks may be; and
 - whether there are other choices of treatment.
7. Be informed about the charges for services, including:
 - whether you are eligible for third-party reimbursements; and
 - whether free or reduced cost care is available.
8. Receive an itemized copy of your account statement/bill, upon request.
9. Refuse treatment to the extent permitted by law and be told what effect this may have on your health.
10. Refuse to take part in any research. If you refuse to participate in research, treatment you would normally receive in the clinic will not be affected.
11. Privacy while in the clinic. Confidentiality of all information and records regarding your care.
12. Approve or refuse the release or disclosure of the contents of your medical record to any health care practitioner or health care facility except as required by law or third-party payment contract (such as insurance company/Medicaid).
13. Receive care in a smoke-free environment.
14. Complain about the care and services provided and to have the clinic investigate your complaint. If you request a written response, the NYC Department of Health and Mental Hygiene is responsible for providing you or your designee with a written response within 30 days stating what the investigation found. If you are not satisfied with the NYC Department of Health and Mental Hygiene's response you may complain to:

**New York State Department of Health
Centralized Hospital Intake Program
433 River Street, Suite 303
Troy, New York 12180-2299
Toll-Free number at 1-800-804-5447**

