

Patient Bill of Rights

Please read this statement of Rights carefully and request explanation as needed

As a patient of Golden Care LHCSA, you have the following Rights:

1. Competent, concerned, individualized care without regard to race, creed, color, age, sex, nationality or handicap.
2. Be treated with dignity, consideration, and respect. This includes respect for your privacy, property and safety.
3. Expect the agency to maintain a written care plan and to include your participation in all decisions affecting your care and treatment. This includes an emergency disaster plan.
4. Privacy and confidentiality of all records pertaining to your treatment, as otherwise provided by law or third-party payment.
5. Know the names and functions of those people responsible for coordinating, entering and supervising your health care, including the identity of other health care providers with which the agency has contractual relationships, and to expect that staff members will listen to voiced concerns and/or complaints.
6. Be fully informed of your diagnosis, prognosis, and treatment, including alternatives to care and risks involved.
7. Refuse treatment after being fully informed of and understanding the consequences of such actions.
8. Be informed of continuing health care needs following discharge and be involved in the plan for the provision of such care.
9. Voice grievances and recommend changes in policies and services to the agency staff, the governing authority and the New York Department of Health (212) 417-5888) without fear of reprisal or discrimination. To file a grievance, write or call the administrator of the agency.
10. View your clinical record in the agency office or receive a copy of it.
11. Examine, question and receive a full explanation of any bill regardless of source of payment.
12. All rights and responsibilities specified as they pertain to a patient adjudicated incompetent in accordance with state law, devolve to the appointed committee authorized to act on behalf of the patient. Such rights may be exercised by the patient's legal representative, if the patient lacks the capacity.
13. Have a right to voice a complaint to the NY Department of Health (212-417-5888). Telephone numbers are also on handouts given to you during the first visit.
14. Be given a statement of services available by the agency and related charges; also to be advised of third party coverage and charges to you.
15. Be given information concerning patient self-determination, health care proxy and living wills.

Patient or Representative signature

Date