

THE JOSEPH P. ADDABBO FAMILY HEALTH CENTER, INC. PATIENTS' BILL OF RIGHTS

As a patient at the Joseph P. Addabbo Family Health Center, Inc. you have the right to:

1. A copy of the Joseph P. Addabbo Family Health Center, Inc. Patients' Bill of Rights.
2. Receive health care services without discrimination as to Age, Race, Color, Religion, Marital Status, Sex or Sexual Orientation, Physical Disability or Ability to Pay.
3. Receive considerate and respectful care.
4. Be informed of services available at the Joseph P. Addabbo Family Health Center, Inc.
5. Privacy to the extent consistent with providing adequate medical care. This shall not preclude discreet discussion of your case as permitted by existing confidentiality laws.
6. Obtain the name and function of the physician assigned the responsibility for your care, and/or any other persons involved in providing care.
7. Obtain from your physician complete and current information concerning your diagnosis, treatment, prognosis and continuing health care requirements.
8. Inspect or obtain reports, test, records, evaluations, or dental x-rays within a reasonable time after the receipt of your written request. The Center is obliged to indicate to you the fee which will be charged. You will not be denied access to your records due to your inability to pay. You may also designate a person other than yourself who would be authorized to receive your health records.
9. Receive from your physician information necessary to give informed consent prior to the start of any non-emergency procedure and/or treatment. An informed consent shall include as a minimum: an explanation of the specific procedure and/or treatment, the reasonably foreseeable risks involved, and the medically significant alternatives for care or treatment.
10. Refuse treatment to the extent permitted by law and to be informed of the medical consequences of your action.
11. Privacy and confidentiality of all records pertaining to your treatment, except otherwise provided by law.
12. A reasonable response by the Center to your request for services customarily rendered by this facility, and consistent with your medical condition.
13. Refuse to participate in research or human experimentation. Such research shall be performed only with your informed consent. Refusal to participate in research shall in no way affect the care that you would normally receive at the Center.
14. Be informed of the patients' responsibilities apply to your conduct as a patient.
15. A smoke free environment. Smoking is prohibited except in designated areas.
16. The best and most responsible care your doctor, other staff and the Center can deliver: a) The right to receive a consultation and/or care and treatment from a different physician or staff member than the one assigned. b) The right to meaningful communication, recognizing ethnic and cultural diversity. The Center will do its utmost to provide an interpreter when needed.
17. Voice grievances and recommend changes in policies and services to the facility's staff, the Center and/or the New York State Department of Health, without reprisal.
18. As a patient, you or your designee may file a complaint regarding the care and services provided at JPAFHC (The "Center"). The Center will investigate your complaint and is responsible for providing you or your designee with a response, if requested, indicating the findings of the investigation. If the Center or the Board of Directors QA Committee makes a recommendation that is not satisfactory, you or designee may file a complaint with the **New York City Department of Health Office of Quality Assurance (NYCDOHOQA)**. If you are not satisfied with the response from NYCDOHOQA, you may file a complaint with **New York State Department of Health Office of Systems Management (NYSDOHOSM)**, phone: **800-804-5447**. **For patients who receive services from the Special Clinic program, if you are not satisfied with the Center's findings, you or your designee may file a complaint with New York State Department of Health AIDS Institute Grievance Line (NYSDOHAI), phone: 800-206-8125, 90 Church Street, 13th Floor, New York, NY 10007. If the findings from NYSDOHAI are not satisfactory, you or your designee may file a grievance with Human Resources and Services Administration (HRSA), (hrsa.gov or 301-443-0493)**

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