

PATIENT'S BILL OF RIGHTS

Patients who utilize the services of the Pulaski Health center are Guaranteed the right to:

- Understand and use these rights. If for any reason you do not understand or you need help, we will provide assistance, including an interpreter.
- Receive treatment without discrimination as to race, color, creed, national origin, sex, religion, handicap, age, disability, sexual orientation, or source of payment.
- Receive considerate and respectful care in a clean and safe environment.
- Know the names, positions and functions of any staff involved in your care and refuse their treatment, examination or observation.
- Receive complete 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. All signed DNR's will be honored at NOCHSI, the Pulaski Health Center.
- 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 if you are too ill to do so.
- Refuse treatment and be told what effect this may have on your health.
- Refuse to take part in research.
- Participate in all decisions about your treatment.
- Obtain a copy of your medical record for which we can charge a reasonable fee.
- Receive an itemized bill and explanation of all charges.
- Complain without fears of reprisals about the care and services you receive and to have the center respond to you and if you request it, a written response. If you are not satisfied with the center's response, you can complain to the NYS Health Department at 1-800-804-5447 or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) at 1-800-994-6610 or email them at complaint@jcaho.org.
- To be assessed and managed for pain.