

## 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. Be informed of these rights, and the right to exercise such rights, in writing prior to the initiation of care, as evidenced by written documentation in the clinical record;
2. Be given a statement of the services available by the agency and related charges;
3. Be advised orally and in writing before care is initiated of the extent to which payment for agency services may be expected from any third party payors and the extent to which payment may be required from the patient.
4. Be informed of any changes in information provided under paragraph 2 & 3 of this policy as soon as possible, but no later than 30 calendar days from the date the agency becomes aware of the change.
5. Be informed of all services the agency is to provide, when and how services will be provided, and the name and functions of any person and affiliated agency providing care and services;
6. Participate in the planning of his or her care and be advised in advance of any changes to the plan of care;
7. Refuse care and treatment after being fully informed of and understanding the consequences of such actions;
8. Be informed of the procedures for submitting patient complaints;
9. Voice complaints and recommend changes in policies and services to agency staff, the New York State Department of Health or any outside representative of the patient's choice. The expression of such complaints by the patient or his/her designee shall be free from interference, coercion, discrimination or reprisal;
10. Submit patient complaints about the care and services provided or not provided and complaints concerning lack of respect for property by anyone furnishing service on behalf of the agency, be informed of the procedure for filing such complaints, have the agency investigate such complaints in accordance with the NYS DOH regulations and contact the Department of Health's Office (telephone number (914) 632-3701) if you are not satisfied with the response of the agency.
11. Be treated with consideration, respect and full recognition of his/her dignity and individuality; and
12. Be assured privacy, including confidential treatment of patient records, and to refuse release of records to any individual outside the agency except in the case of the patient's transfer to a health care facility, or as required by law or third-party payment contract.