



PATIENT RIGHTS

As a Patient of ProHEALTH, You Have the Following Rights, Consistent With The Law:

1. Understand these rights and use them. If for any reason you need help understanding these rights, ProHEALTH will provide you with assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment or age.
3. Receive considerate, respectful and dignified care by competent individuals in a clean and safe environment.
4. Receive emergency care, if you need it.
5. Be informed of the name and position of the doctor who will be in charge of coordinating your care.
6. Receive care in a smoke-free environment.
7. Receive complete information about your diagnosis, treatment, and prognosis.
8. Ask questions of your ProHEALTH Physician or health care provider that will help you understand your medical condition and recommended treatments and to have a person of your choice participate in your discussions with your ProHEALTH physician or health care provider.
9. Receive all the 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.
10. Be given education, tools, and support to help you be an active participant in your health and well-being.
11. The right to refuse any treatment, procedure, or medication and be advised of the effect(s) this may have on your health. This right of refusal extends to participation in experimental treatment or research.
12. The right to receive a detailed bill for all charges, giving you the ability to examine it and ask questions about any and all charges.
13. Full privacy and confidentiality of personal information and health records in accordance with HIPAA guidelines and to have access to ProHEALTH's Notice of Privacy Practices both on our website and in each ProHEALTH physician office.
14. Right to refuse release or disclosure of your medical record(s) in accordance with HIPAA regulations.
15. Right to review your medical records within a reasonable time frame, in accordance with applicable law or regulation and without cost to you.
16. To report (and in fact we urge you to report) any problems, concerns, or comments about any aspect of your care, treatment, service, or patient safety issues directly to ProHEALTH. You may report your concerns directly to your Physician, your Physician's Office Manager, or to ProHEALTH's Compliance Officer without fear of reprisal. You may contact ProHEALTH's Compliance Officer:

By Phone: (516) 622-6000

By Mail: ProHEALTH Compliance Officer
Administration Offices
2800 Marcus Avenue, Lake Success, NY 11042

17. You, or a representative of your choice, also have the right to speak to any state survey agency, without interference or fear of reprisal. You may contact the New York Department of Health:

By Phone: (800) 663-6114.

By Mail: NYS Office of Professional Medical Conduct: 433 River St., Suite 303, Troy, NY 12180-2299

Via the Web: <http://www.health.state.ny.us/forms/doh-3867.pdf>

For more information about Patient Rights in New York State in the language of your choice, please visit http://www.health.state.ny.us/professionals/patients/patient_rights/



PATIENT RESPONSIBILITIES

As a Patient of ProHEALTH, you play an important role in regard to making the most of the health care you receive. The following patient responsibilities are meant to assist you in this role:

1. Provide complete information about present and past illnesses, hospitalizations, medications and other matters relating to your health history and to do so to the best of your ability. Answer medical and social history questions posed by your ProHEALTH Physician or healthcare provider with honesty.
2. In the event you are unable to communicate with doctors or nurses, have a member(s) of your family or another individual of your choice authorized to speak with your doctor(s) and review your condition and treatment plan(s) in your stead.
3. Inform a ProHEALTH representative if you are in need of an interpreter in order to communicate effectively with your Physician or any other ProHEALTH staff member.
4. Ask questions if you do not understand directions or procedures.
5. Be an active participant in your healthcare by following the instructions and guidance of your Physician(s) and healthcare support staff and ask questions about those health related matters that you need help understanding.
6. Inform your Physician if you are in pain and do your best to describe that pain, ask for pain relief when pain begins and inform your Physician if pain is not relieved.
7. Avoid drugs, tobacco, alcoholic beverages or toxic substances, which have not been recommended, approved of, or administered by your doctor.
8. Accept medical consequences if you do not follow the care, service, or treatment plan provided to you.
9. Report safety concerns immediately to your Physician, Nurse, or physician's Office Manager.
10. Provide accurate information needed for processing your insurance coverage.
11. Be responsible for payment of all services, either through your third party payers (insurance company) or by personally making payment for any service(s) that are not covered by your insurance policy(s).
12. Conduct yourself with respect for other ProHEALTH patients and for ProHEALTH staff members.
13. Formulate an advanced directive and appoint a surrogate to make healthcare decisions on your behalf, to the extent permitted by the law.