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**DESTA ANTHONY MOBILE NPADULT HEALTH, PLLC PATIENT'S**

**Bill of Rights**

As a patient in New York State, you will have the right, consistent with law to:

* Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
* Be informed of and receive an estimate of the charges for services;
* Receive an estimate of the amount that you will be billed after services are rendered;
* View a list of the health plans and the hospitals that the provider participates with;
* Be informed of eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
* Receive an itemized copy of his/her account statement, upon request;
* Be informed of the provisions for off-hour emergency coverage;
* Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decisions;
* Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3/ for additional information link to:

https://[www.health.ny.gov /publications/J 449/section 1.htm#access;](http://www.health.ny.gov/publications/J449/section1.htm#access%3B) Access to Your Medical Records and Do I Have the Right to See My Medical Records?

* Be treated with consideration, respect and dignity including privacy in treatment;
	+ Have impartial access to treatment;

0 Be free from mental and physical abuse;

* + Be assured of adequate and appropriate care;
	+ Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor;
	+ Be given the opportunity to participate in the planning of your care, including the discharge plan;
	+ Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions;

o Refuse to participate in experimental research;

* + Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
* Privacy and confidentiality of all information and records pertaining to the patient's treatment;
* Designate a representative to assist in treatment decisions if you are unable to fully participate in the decision making process or if you want someone you trust to help you;

YOU HAVE THE RESPONSIBILITY:

* To provide accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, and other health matters;
* To report unexpected changes in your condition;
* To report whether or not you comprehend the course of action and what is expected of you;
* To be considerate and respectful of the rights of others

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THESE RIGHTS AND RESPONSIBILITIES ARE ASSUMED BY YOUR GUARDIAN, NEXT OF KIN, OR LEGALLY DESIGNATED RESPONSIBLE PARTY IF YOU HAVE A COMMUNICATION BARRIER OR HAVE BEEN FOUND MEDICALLY OR LEGALLY INCAPABLE OF UNDERSTANDING THESE RIGHTS.