

Bodhi Medical Care, LLC

Healthcare for Busy Professionals 330 West 58th Street, Suite 414 New York, NY 10019 Phone: (212) 624 0220 Fax: (212) 624 0220 www.mybodhi.com

Patient's Rights and Responsibilities

THE PATIENT HAS THE RIGHT TO:

- 1. Receive Services without regard to age race, color, sexual I orientation, religion, marital status, sex, national origin or sponsor;
- 2. Be created with consideration, respect and dignity including privacy in treatment;
- 3. Be informed of services available at the Office;
- 4. Be informed of the provisions for off-hours emergency coverage;
- 5. Be informed of the charges for services, eligibility for third party reimbursements and when applicable, the availability of free or reduced cost care;
- 6. Receive an itemized copy of his/her account statement, upon request;
- 7. Obtain from his/her Health Care Provider, 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;
- 8. Receive from his/her physician information necessary to give informer consent prior to the start of any non emergency procedure or treatment or both;
- 9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
- 10. Refuse to participate in the experimental research;
- 11. Voice grievances and recommend changes in policies and services to the Office's staff the operator and the New York State Department of Health without fear of reprisal;
- 12. Express complaints about the care and services provided and to have the Office investigate such complaints. If the patient is not satisfied by the Office's response; the patient may complain to the New York State Department of Health's Metropolitan Area Regional Office (MARO) at 212-417-5990.
- 13. Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- 14. 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 as by law or third-party payment contract;
- 15. Access his/her medical record pursuant to the provisions of the law;
- 16. To execute an Advance Directive; and
- 17. To receive pain management services.

THE PATIENT HAS THE FOLLOWING RESPONSIBILITIES:

- 1. To provide the Office with accurate and medical information;
- 2. To ask all questions you may have regarding the treatment provided by the Office;
- 3. To consent by free will to all procedures;
- 4. To tell us if you do not understand procedures or instructions;
- 5. To follow after-care instructions as recommended by the Office;
- 6. To contact his/her Physician with post-testing questions or concerns;
- 7. To provide all necessary information regarding third-party payment sources;
- 8. To observe all the Office's Policies and Regulations;
- 9. To keep appointments as scheduled, or advise the Office if the appointment cannot kept; and
- 10. To be considerate of the other Patients and Personnel and respect the property of others and the Office.

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