



Patient Bill of Rights

Regional Primary Care Network is a network of Federally Qualified Health Centers in the greater Rochester, Rushville, Mt. Morris, Lyons, Ilion and the Utica areas. The RPCN centers offer comprehensive primary health, behavioral health and dental care for all.

As a patient at an RPCN center you have the right, consistent with New York State law, to:

- A. receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
- B. be treated with consideration, respect and dignity including privacy in treatment;
- C. be informed of the services available at the RPCN center;
- D. be informed of the provisions for off-hour emergency coverage;
- E. be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- F. receive an itemized copy of your account statement, upon request;
- G. obtain from your 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;
- H. receive from your provider information necessary to give informed consent prior to the start of any non-emergency procedure or treatment or both.
- I. 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 decision;
- J. refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of your action;
- K. refuse to participate in experimental research;
- L. voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
- M. express complaints about the care and services provided and to have the center investigate such complaints.
- N. we are responsible for providing you or your designee with a written response within 30 days if requested by you or your designee indicating the findings of the investigation. Also, if you or your designee is not satisfied by RPCN's response, you or your designee may complain to the New York State Department of Health's Office of Health Systems Management at 1-800-804-5447.
- O. privacy and confidentiality of all information and records pertaining to your treatment;
- P. approve or refuse the release or disclosure of the contents of your health record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- Q. access your health record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title;
- R. authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors; and
- S. make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.

Source: NYS Public Health Law (PHL) 2803 (1)(g) Patient's Rights