

## **Patient's Bill of Rights**

At the Hudson Valley Center for Development we support the rights of all patients across the lifespan including pediatric, adolescent, adult, and geriatric populations. These rights may be exercised through the patient individually or through their parent, guardian, or legal representative. Children and adolescent patients possess the same rights and responsibilities as adult patients. It is, however, the responsibility of the parent/guardian to exercise these rights and responsibilities on their behalf. All services at this Center are voluntary and you have the right to ask any questions about treatment procedures, costs, risks, rights, and responsibilities of the patient before entering into treatment. Any concerns about how you or your family member's rights have been handled can be addressed by calling the administrator at 845-787-1350.

### **As a person or family receiving treatment you have the right to:**

1. Be informed of you and/or your child's rights in advance of receiving or discontinuing treatment when possible.
  - You will receive a written copy of the Patient Rights and Responsibilities upon registration.
  - If you, your family and/or legal guardian do not understand the written word, you will receive your rights verbally in a manner you can understand.
2. Be treated with dignity and respect
3. Ask questions and get answers including but not limited to information about services, about your therapist including their credentials, experience, and professional background, your diagnosis and prognosis.
4. Participate fully in all decisions about treatment or services and request changes in treatment or services.
5. Receive, care, treatment and visitation regardless of disability, national origin, culture, age, color, race, religion, gender identity, or sexual orientation.
6. Participate in all areas of your treatment planning.
7. Expect confidentiality of all communication and medical records related to your care.
  - You will receive a copy of our Notice of Privacy Practices describing how your personal medical information can be used and disclosed and your rights related to your medical information.
  - All communications (e.g., discussions about your condition, treatment, care, etc.) and records pertaining to your care, including source(s) of payment for treatment, will be treated as confidential and securely maintained.
  - Treatment records will be accessed and read only by individuals directly involved in your treatment/care or in the monitoring of its quality or by individuals authorized by law or regulation.
  - Your medical records will be maintained in a secure environment, and clinical information will be reasonably protected so that no unauthorized individuals might see it.
8. Review and or get copies of your record by following procedures listed in your HIPPA guidelines.
9. Receive care in a safe setting that is free from all forms of abuse, neglect, mistreatment or exploitation.

### **You have the responsibility to:**

1. Come to scheduled appointments on time and cancel appointments in accordance with HVCD billing policies.
2. Ask questions and promptly voice concerns about your treatment to providers.
3. Give full and accurate information as it relates to your health, including prescription and non-prescription medication, medical issues or allergies, and hospitalizations.
4. Follow your recommended treatment plan.
5. Be considerate of other patients and staff at the Center by assisting in the control of noise, not using your cell phone in the waiting room, observing the non-smoking policy, not going into staff only areas, etc.
6. Respect property that belongs to the facility or others.
  - Keep all areas of the facility free of paper, food, drinks, trash, etc.
  - Refrain from the destruction or removal of facility property.
7. Understand and honor financial obligations related to your care, including understanding your insurance coverage.

I have received the Patient's Bill of Rights and have been given the opportunity to discuss them and ask questions for clarity. I understand that at any time if I have a concern regarding mine or my child's rights at the center I can first speak with my clinician and in the event that it is not resolved I can contact the administrator at 845-787-1350.

**Note:** If patient is under 12 years of age, the Parent or Guardian must sign. If between the ages of 12 – 17 years of age, BOTH signatures are needed.

\_\_\_\_\_

Print Patient Name

\_\_\_\_\_

Minor's Signature (if above 12)

\_\_\_\_\_

Signature of Patient/Legal Representative

\_\_\_\_\_

Date

I acknowledge by checking this box that I am agreeing to sign this form by typing my name on the above lines.