



Patients Rights and Responsibilities

The policy governing the rights and responsibilities of all persons receiving services by BKFHC has been developed in accordance with federal, state, and local regulations. All patients have the right to understand and use these rights. If for any reason you do not understand or you need help the medical center MUST provide assistance including an interpreter.

While at BKFHC, you have certain **RIGHTS AND RESPONSIBILITIES**. They include:

- I. All persons have the civil and legal rights to receive treatment without discrimination as to race, color, religion, sex, national origin, creed, age, ethnic background, sexual orientation, diagnosis, disability, developmental delay, or source of payment.
- II. All persons receiving services through our Center shall be given consideration, respect and dignity regardless of race, color, religion, sex, national origin, creed, age, ethnic background, sexual orientation, developmental disability or other handicap, or health condition, such as being tested for or diagnosed as having an HIV infection.
 - a) Employees are expected to acknowledge and respect these rights and will receive information and training in those areas which affect and/or contribute to situations that may be in violation of the rights of a person and/or their parent(s), guardian(s) and /or collaterals.
 - b) No employee may violate a person's rights for disciplinary purposes, for retribution or for reasons of convenience.
- III. As a patient you have the right to complain without fear of reprisal about the care and services you are receiving, and to have the staff respond to you with a written response. If you are not satisfied with the response you may complain to the New York State Health Department at 1-800-804-5447.
 - a) All persons and their parents, guardian(s) and/or collateral have the right to express without fear or reprisal, grievances, concerns and suggestions to BKFHC's executive officers.
- IV. As an individual served by The BKFHC , you are assured we will uphold your rights to the following:
 - a. The person receiving services and/or his/her legal guardian or collateral will be notified (whenever possible in their primary language) about the person's rights prior to or at the time of admission, and be advised about the due process procedures through which a person may question or appeal a given treatment prior to or at the time of admission.
 - b. The receipt of information on or prior to admission, regarding the services that BKFHC will provide or for which additional charges will be made, and timely notification of any changes thereafter.
 - c. A safe, sanitary and smoke free environment.
 - d. Receive emergency care if you need it.
 - e. Freedom from physical, verbal, psychological, sexual abuse.



- f. Freedom from discrimination, abuse or any adverse reaction based on one's status as one who is the subject of an HIV related test or who has been diagnosed as having HIV infection, AIDS or HIV related illness.
- g. Freedom from unnecessary use of restraining devices and unnecessary or excessive medication, except if authorized in writing by a physician for a specific period of time and a specified reason.
- h. Be treated with consideration, dignity, respect and full recognition of individuality, including privacy in treatment and in meeting personal care needs.
- i. The confidentiality with regard to all information contained in the person's record. Access to records is available only to authorized staff and legally responsible parents and/or guardians. Release of information to persons not authorized under the law to receive it will be done only with the written consent of the person and/or legal guardian.
- j. To review your medical records without charge, and to receive an itemized bill and explanation of charges if you request it.
- k. Protection from commercial or other exploitation.
- l. Right to treatment or therapies (which by law or regulation require the written order of a professional) by staff practicing in accordance with, or within the scope of their professional license.
- m. Right to treatment or therapies by staff who are trained to administer services adequately, skillfully and humanely with full respect for your dignity.
- n. Right to be informed of the name and position of the doctor or therapist who will be providing service to you, as well as the names positions and functions of any staff involved in your care.
- o. Receive all the information that you need to give informed consent for any proposed procedure or treatment that requires informed consent. This information shall include the possible risks and benefits of the procedure or treatment.
 - 1. When requested, you will receive all the information you need to give informed consent for an order not to resuscitate/ health care proxy. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders – A Guide for Patients and Families."
- p. Receive complete information about your diagnosis, treatment and prognosis.
- q. To refuse treatment, examination or observation by any staff involved in your care and be told what effect this may have on your health.
- r. The opportunity to participate in all decisions about your treatment. Such rights include:



- The opportunity to participate in the development and modification of a written individualized Treatment Plan, unless constrained by the person's ability to do so;
 - The opportunity to object to any provision within an individualized Treatment Plan, and the opportunity to appeal any decision made in relation to his or her objection to the plan with which the person disagrees and;
 - The provision for meaningful and productive activities within the person's capacity, although some risk may be involved, and which take into account his or her interest.
- V. No person and/or his/her family will be used as subjects for research without the prior approval of the Research Review Committee and the written informed consent of the person and/or his/her guardian.
- VI. All persons will be transferred and/or discharged from BKFHC when such action is the most appropriate clinical/medical decision.
- VII. Information concerning individuals receiving services may be exchanged as necessary among OPWDD-operated facilities, voluntary-operated facilities and others providing services to the individual pursuant to a local or unified services plan (insofar as such disclosures are made for the purposes of that program's need to exercise its statutory functions).

Each individual has the responsibility to:

- Attend scheduled appointments regularly and avoid unnecessary absences. Three (3) or more consecutive non-substantiated absences will result in an administrative intervention;
- Notify the center when unable to attend due to illness or any other situation.
- Notify the center if you are running late for an appointment.
- Provide the center with information on health coverage (changes with Medicaid, Medicare or Private Insurance).
- Respect the rights and property of others and treat property with care and regard.
- Come to appointments free of illegal drugs and alcohol.
- Refrain from bringing dangerous objects or substances to the clinic.
- Refrain from smoking on the premises.
- Evacuate the building in an orderly fashion during an emergency.
- Enter and leave clinic appointments in a well-behaved, age appropriate manner.
- All persons have the responsibility to attend scheduled appointments regularly and avoid unnecessary absences
- Provide the center with updated Tuberculosis testing results.
- Provide the center with a diagnostic exams, assessments, reports and/or special studies including findings and conclusions relevant to your treatment.
- Know your rights and speak up when your rights are violated.

Attendance Agreement

If you will not be able to make your scheduled appointment, please notify us at least 24 hours before your scheduled appointment time. Individuals who cancel appointments repeatedly or who do not show up for more than three consecutive appointments may lose their scheduled appointment times, be terminated from services and/or referred to another center.



Grievance Procedure

While at BKFHC, if you have a **Grievance**, below is the procedure that should be followed:

Any Objection(s), Problem(s) or concern(s) should be brought to the attention of your Treating Clinician. If your Clinician cannot resolve your concern and/or issue, the problem should be addressed to the Clinic Administrator. Documentation of this discussion will be included in the individual's record. The Clinic Administrator will respond to all grievances, in writing, within 10 working days. If the issue remains unresolved and the Clinic Administrator was not able to resolve your concern or if the resolution is not to your satisfaction, you may appeal to the Clinic Director. A review and a response to your concern will take place within 5 days.

BKFHC Grievance Procedure is an upward-directed process. We are committed to resolve disputes at the most appropriate level. Generally, objections or concerns should be addressed to the appropriate treating professional for resolution. However, if the nature of the concern does not lend itself to discussion at this level, you and/or your parent, guardian or correspondent may express your concern to any of the following BKFHC staff members:

PRACTICE MANAGER: Shaina Rosenfeld
1221 East 14th Street
Brooklyn, NY 11230
(718) 535-1972

MEDICAL DIRECTOR: Dr Benjamin Lifshitz
1221 East 14th Street
Brooklyn, NY 11230
(718) 535-1970

CLINIC DIRECTOR: Dr. Wakslak, Ph.D
1221 East 14th Street
Brooklyn, NY 11230
(718) 535-1942 cell: (646) 285-5301

EXECUTIVE DIRECTOR: Samuel Kahn
5601 1st Avenue
Brooklyn, NY 11220
(718) 745-7575 cell: (646) 285-5300

If all of the above mentioned efforts fail, we will assist you in directing you to the following individuals and offices:

New York STATE DEPARTMENT OF HEALTH'S REGIONAL OFFICE
New York City Office
90 Church Street - 15th Floor
New York, NY 10007-2919
(212) 417-5550

Statement of Financial Agreement



BKFHC will bill Medicare and/or Medicaid for services rendered to individuals eligible for coverage. A sliding fee, based on family income and family size, will be applied to individuals who are uninsured; have exhausted their insurance benefits; have their coverage terminated; denied coverage by their own insurance company or receive services not covered by their insurance company.

- I. I understand that my health insurance plan and/or I will be billed for services provided by BKFHC .
- II. I agree to assist BKFHC in securing any third party insurance payment for services which I have received.
- III. I agree to provide BKFHC with current insurance information to assist in collecting payment for services provided.
- IV. I agree to endorse to BKFHC any checks received directly from my insurance carrier and forward them along with a copy of all related paperwork to the clinic.
- V. I agree to update BKFHC should any insurance information change.
- VI. I understand that if I do not have insurance I will be charged for services based upon BKFHC 's published sliding scale fee.
- VII. I understand that I will be responsible for any co-payment or balance if my insurance does not cover the full amount billed.
- VIII. I authorize BKFHC to release to my health insurer any information needed to process claims for service provided.

While at BKFHC, you may be assigned a Treatment Coordinator. The Treatment Coordinator's role is internal to the clinic itself and is separate and distinct from any external case management services you may be receiving.

Your Treatment Coordinator will coordinate the provision of all treatments and therapies as prescribed. Your Treatment Coordinator may check on maintenance of appointment, obtain information to address recipient questions, transmit information to the referral source, outside case manager or other appropriate parties. Your Treatment Coordinator will also review your clinical record to ensure compliance with regulations and evaluate your satisfaction with services. Your Treatment Coordinator functions as the liaison between you, your clinician and outside providers. Please do not hesitate to contact your Treatment Coordinator or other liaison with any questions, concerns or comments.

Your Treatment Coordinator is: _____ . He/she can be reached at:

1221 East 14th Street, Brooklyn, NY 11230. Phone #: (718)535-1958, Fax #: (718)434-6261.