

Baker Victory Dental Center

Baker Victory Dental Center has given me a copy of the Patient's Bill of Rights. I have read the Bill of Rights and have been given the opportunity to discuss these with the Dental Center staff.

Patient Signature: \_\_\_\_\_

## **Patient Bill of Rights**

As a patient you are afforded the right to:

1. Be treated with consideration, respect and dignity including privacy in treatment.
2. Receive service(s) without regard to age, race, color, sex, religion, marital status, ethnic or national origin or disability.
3. Be informed of the service available at the center
4. Be informed of provisions for after-hours emergency coverage.
5. Obtain from your physician complete and current information concerning your diagnosis, treatment, and prognosis in terms you can be reasonably expected to understand. When it is not medically advisable to give you such information it shall be made available to an appropriate person in your behalf.
6. Receive from your physician information necessary to give informed consent prior to the start of any procedure or treatment or both and which, except for those emergency situations not requiring an informed consent, shall include as a minimum the specific procedure or treatment or both, the medically significant risks involved, and the probable duration or incapacitation, if any. You shall be advised of medically significant alternatives for care or treatment, if any.
7. Refuse treatment to the extent permitted by law and to be informed of the medical consequences of your action
8. Privacy to the extent consistent with providing adequate medical care. This shall not preclude discrete discussion of your care or examination by appropriate health care personnel.
9. Privacy and confidentiality of all records pertaining to your treatment, except otherwise provided by law or third party payment.
10. Approve or refuse the release or disclosure of the contents of your medical record to any health care practitioner and/or health care facility except as required by law or third party payment contract.
11. Access to your medical record pursuant to the provision of Section 18 of the Public Health Law and Subpart 50-3 of this title.
12. Review of your medical record without charge, and obtain a copy of the medical record for which the center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
13. Be informed of any changes for services, eligibility for third party reimbursements and, when applicable, the availability of free or reduced cost.
14. A response by the Baker Victory Dental Center in a reasonable manner, to your request for services customarily rendered by the facility consistent with you treatment.
15. The identity, upon request, of other health care and educational institutions that the facility has authorized to participate in your treatment.
16. Refuse to participate in research and that human experimentation affection care or treatment shall be performed only with your consent.
17. Examine and receive an explanation of your bill, regardless of source of payment.
18. Know the rules and regulation that apply to your conduct as a patient.
19. Refer any complaints and/or questions with regard to your rights to the Administrative Director of Baker Victory Dental Center. If you are not satisfied by the center's response you may complain to the NYS Department of Health's Office Systems Management at (716)847-4307.