



Patient Rights and Responsibilities

The patient has the right:

- To be treated with courtesy, respect, and consideration with appreciation of his or her individual dignity and with protection and provision of personal privacy as appropriate
- To receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
- To an environment that is respectful, safe and secure for self/person and property without being subjected to discrimination or reprisal
- To confidentiality of information gathered during treatment
- To prompt and reasonable response to questions and requests
- To know who is providing and is responsible for his or her care and their credentials
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English
- To know what rules and regulations apply to his or her conduct
- To refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care
- To know upon request and in advance of treatment, whether the health care provider or health care Facility accepts their Advance Directives
- To receive upon request, prior to treatment, a reasonable estimate of charges for medical care
- To receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained
- To change their healthcare provider if other qualified providers are available
- To be informed of the provision of off hour emergency care
- To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- To know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research
- To make informed decisions regarding his or her care
- To receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. 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;
- To approve or refuse their release of confidential disclosures and records, except when release is required by law
- To express grievances regarding their treatment or care that is or fails to be furnished or regarding any violation of his or her rights.
- To participate in all aspects of health care decisions, unless contraindicated for medical reasons
- If the patient has been adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
- To be free from all forms of abuse or harassment
- **To express a grievance**, the patient may contact the facility by telephone/email at 917-410-6905/ support@walkingyn.com, or write a letter to Dr. Adeeti Gupta, Privacy Officer, 200 West 57th St, Suite 307 NY, NY 10019



- Patients may call the New York State Department of Health toll-free number at 1-800-804-5447 or by mail at New York State Department of Health, Centralized Hospital Intake Program, Mailstop: CA/DCS, Empire State Plaza, Albany, NY 12237.

A patient is responsible

- For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications including over-the-counter products and other dietary supplements, allergies and sensitivities and other matters relating to his or her health
- For having a responsible adult to transport him or her home from the facility and to remain with him or her as directed by the provider or as indicated on discharge instructions.
- For reporting unexpected changes in his or her condition to the health care provider.
- For providing accurate demographic and pharmacy information at check-in. Wrong information will result in treatment delays.
- For providing correct insurance at check-in and promptly advising Walk In GYN of any changes. Practice is not responsible for any bills that may be generated due to inaccurate or untimely information.
- For reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her
- For following the treatment plan prescribed/recommended by the health care provider and participating in their own care.
- For keeping appointments, and when they are unable to do so for any reason, for notifying the Facility
- For their actions if they refuse treatment or do not follow the health care provider's instructions
- For assuring that the financial obligations of their health care are fulfilled as promptly as possible.
- For knowing their health plan, deductibles, coinsurance, and out-of-pocket costs.
- For accepting personal financial responsibility for any charges not covered by their insurance. All co-pays are due at the time of service.
- To provide accurate government-issued identification at the time of service. Practice reserves the right to deny care if it cannot confirm the patient's identity.
- **For following the Facility rules and regulations affecting patient care and conduct. Walk In GYN has no tolerance for rude, threatening, and disruptive behaviors.**
- For the consideration and respect of the facility, health care professionals and staff, other patients, and property.
- For informing his or her provider of any living will, medical power of attorney, or other directive that could affect care.

Ownership Disclosure

The following individual(s) are owners of this Organization.
Dr. Adeeti Gupta, 200 West 57th St, Ste 307, NY, NY 10019