



The Door – A Center Of Alternatives, Inc.

Mental Health Services

Patient Bill of Rights and Responsibility

As a patient, you have the right to:

- Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
- Be treated with consideration, respect and dignity including privacy in treatment;
- Be informed of the services available at the center;
- Be informed of the provisions for off-hours emergency coverage;
- Be informed of the charges of services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- Receive an itemized copy of his/her account statement, upon request;
- Obtain from his/her 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;
- Receive from his/her therapist 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, in any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- Refuse treatment to the extent permitted by law and to be fully informed of the medical consequence of his/her action;
- Refuse to participate in experimental research;
- 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;
- Complain without fear of reprisals about the care and services you are receiving and be given a written response if you request it. Please contact the **Director of Mental Health Services by phone at (212) 941-9090 ext. 3291, by email at PatientFeedback@door.org or in writing at The Door – Mental Health Services, Attention: Patient Feedback, 121 Avenue of the Americas, New York, NY 10013;**
- If you are not satisfied with the response, you can complain to the **New York State Department of Health at Centralized Hospital Intake Program, by phone at (800) 804-5447, by fax at (518) 402-6357, by email at hospinfo@health.state.ny.us or in writing to 433 River Street, Suite 303, Troy, New York 12180;**
- Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- Approve or refuse the release or disclosure of the contents of his/her medical record to any healthcare practitioner and/or health-care facility except as required by law or third-party payment contract;
- Access his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title;
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors; and
- 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.