Patient Responsibilities

Putnam Hospital Center needs the cooperation of its patients to ensure that efficient, safe, considerate care is available to all. We ask that you:

1. Give us information about illnesses, hospitalizations, medications and other matters relating to your health, to the best of your ability.
2. Report any safety concerns regarding your care and unexpected changes in your condition.
3. Help your doctors, nurses and other personnel in their efforts to promote your health by following their instructions.
4. Cooperate with all hospital personnel caring for you and ask questions if you do not understand any directions given to you.
5. Be respectful of others, of other people’s property and of the hospital’s property.
6. Be considerate of other patients, and see that your visitors are considerate as well, particularly in regard to noise and the number of visitors.
7. Abide by hospital rules and regulations, and see that your visitors do likewise.
8. Be prompt in your payment of hospital bills, provide information necessary for insurance processing and be prompt about asking questions you may have concerning your bill.
9. Follow the treatment prescribed by your doctor after you leave the hospital, and notify him/her of any problems you have in following his/her recommendations. You are responsible for the outcomes of your care if you do not follow your prescribed treatment.
10. Inform the hospital’s Patient Advocate at 845.230.4751 as soon as possible if you have concerns or a complaint.
Patient Bill of Rights

As a patient in a hospital in New York State, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand, or you need help, the hospital MUST provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment or age.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A non smoking environment.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. 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 “Deciding About Health Care – A Guide for Patients and Families.”
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
16. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
17. Receive an itemized bill and explanation of all charges.
18. View a list of the hospital’s standard charges for items and services and the health plans in which the hospital participates.
19. You have a right to challenge an unexpected bill through the Independent Dispute Resolution process.
20. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you, and if you request it, a written response. If you are not satisfied with the hospital’s response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
21. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
22. 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 hospital.

Parent Bill of Rights

As a parent, legal guardian or person with decision-making authority for a pediatric patient receiving care in this hospital, you have the right, consistent with the law, to the following:

1. To inform the hospital of the name of your child’s primary care provider, if known, and have this information documented in your child’s medical record.
2. To be assured our hospital will only admit pediatric patients to the extent consistent with our hospital’s ability to provide qualified staff, space and size-appropriate equipment necessary for the unique needs of pediatric patients.
3. To allow at least one parent or guardian to remain with your child at all times, to the extent possible given your child’s health and safety needs.
4. That all test results completed during your child’s admission or emergency room visit be reviewed by a physician, physician assistant or nurse practitioner who is familiar with your child’s presenting condition.
5. For your child not to be discharged from our hospital or emergency room until any tests that could reasonably be expected to yield critical value results are reviewed by a physician, physician assistant and/or nurse practitioner, and communicated to you or other decision makers, and your child, if appropriate. Critical value results are results that suggest a life-threatening or otherwise significant condition that requires immediate medical attention.

6. For your child not to be discharged from our hospital or emergency room until you or your child, if appropriate, receives a written discharge plan, which will also be verbally communicated to you and your child or other medical decision makers. The written discharge plan will specifically identify any critical results of laboratory or other diagnostic tests ordered during your child’s stay and will identify any other tests that have not yet been concluded.
7. To be provided critical value results and the discharge plan for your child in a manner that reasonably ensures that you, your child (if appropriate), or other medical decision makers understand the health information provided in order to make appropriate health decisions.
8. For your child’s primary care provider, if known, to be provided all laboratory results of this hospitalization or emergency room visit.
9. To request information about the diagnosis or possible diagnoses that were considered during this episode of care and complications that could develop, as well as information about any contact that was made with your child’s primary care provider.
10. To be provided, upon discharge of your child from the hospital or emergency department, with a phone number that you can call for advice in the event that complications or questions arise concerning your child’s condition.

At Putnam Hospital Center, we respect your rights as a patient and as a parent. If you have a concern or complaint, please contact your Patient Advocate at 845.230.4751.
TTY/Accessibility: 800.421.1220