Your Responsibilities

Your health care is a cooperative effort. It is expected that you will assume the following responsibilities to the best of your ability:

• Follow St. Peter’s Hospital’s policies as explained to you, or as described in printed material.
• Provide a complete and accurate medical history, including a list of medications (prescription, over-the-counter and herbal supplements) when requested to do so.
• Tell the doctor or nurse if you do not understand your treatment or if you do not understand what you are expected to do.
• Follow recommendations and advice given by your doctors and nurses (or designate) about your treatment.
• Assure that the financial obligations for your hospital stay are fulfilled as promptly as possible.
• Be considerate of other patients and hospital staff and property.

We need your input to further our goal of patient satisfaction. We strongly urge you to contact your doctor, nurse or your patient representative if you have questions, suggestions, concerns or complaints about your care. Your patient representative can be reached by calling 525-1192.

St. Peter’s Hospital honors the patient’s decisions concerning health care throughout his or her care and treatment, provided these instructions do not conflict with the moral and ethical positions of the Catholic Church and professional standards. If the hospital is unable to respond, patients will be so advised and assisted in securing services in another facility.

Partnering with patients for quality health care
Patient Bill of Rights
As written and mandated by the New York State Department of Health:

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 or source of payment.
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 name, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A No-Smoking room.
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, “Do Not Resuscitate Orders – 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. Review your medical record without charge and 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.
16. Receive an itemized bill and explanation of all charges.
17. 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 Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. 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 in the hospital.

It has always been the mission of St. Peter’s Hospital to respect the dignity of each person and to protect the human rights of patients.