



## PATIENT RIGHTS & RESPONSIBILITIES

CityMD is committed to providing you with the highest quality medical care. CityMD providers and employees are dedicated to helping you achieve and maintain your health goals in a safe, respectful, caring, and supportive environment. We encourage you to speak openly with your health care providers and to be involved in your health care. We recognize that patients have basic rights and we are committed to honoring those rights. At the same time, we also expect responsible behavior from our patients.

### PATIENT RIGHTS

- YOU HAVE THE RIGHT to receive considerate, respectful, and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities. CityMD does not discriminate on the basis of race, color, national origin, age, disability, or sex. CityMD does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity or expression.
- YOU HAVE THE RIGHT to receive care in a safe environment free from all forms of abuse or mistreatment.
- YOU HAVE THE RIGHT to know the names and titles of the individuals involved in your care.
- YOU HAVE THE RIGHT to receive the information necessary to participate in decisions about your care and to be told by your physician about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment. You have the right to give written informed consent before any non-emergency procedure is performed.
- YOU HAVE THE RIGHT to refuse treatment, to the extent permitted by law, and to be informed of the consequences of making this decision.
- YOU HAVE THE RIGHT to obtain a second medical opinion prior to consenting to any non-emergency procedure.
- YOU HAVE THE RIGHT to communication that you can understand. CityMD will provide services to patients with disabilities, such as: sign language interpreters and/or foreign language interpreters at no cost; written information in other formats and languages. If you believe that CityMD has failed to provide these services, please file a grievance with the Patient Relations Department at 908-977-9499 or [wecare@summithealth.com](mailto:wecare@summithealth.com). You can also file a complaint with the US Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal (<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>) or by mail or phone at: US Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201; 1-800-368-1019, 800-537-7697 (TDD).
- YOU HAVE THE RIGHT to expect that your personal privacy will be respected and protected by all individuals involved in your care.



- YOU HAVE THE RIGHT to expect that all communication and records about your care are kept confidential and not disclosed unless permitted by law. You have the right to see and get a copy of your medical records.
- YOU HAVE THE RIGHT to request that a chaperone be present during your exams.
- YOU HAVE THE RIGHT to a complete and thorough examination by the health care provider, including an appropriate assessment and effective pain management.
- YOU HAVE THE RIGHT to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.
- YOU HAVE THE RIGHT to ask and receive an explanation and detailed information about your CityMD charges.
- YOU HAVE THE RIGHT to voice your concerns about the care you receive. If you have an issue, concern, or complaint, you may discuss with your health care provider. You may also contact the Patient Relations Department at 908-977-9499 or [wecare@summithealth.com](mailto:wecare@summithealth.com)

#### PATIENT RESPONSIBILITIES

- YOU ARE EXPECTED to provide complete and accurate information, including your full name, address, home telephone number, date of birth, and insurance information. You are also expected to provide photo identification and your insurance card.
- YOU ARE EXPECTED to provide complete and accurate information about your health and medical history, including present medical condition, past medical history, medicines, vitamins, herbal products, and any other matters that pertain to your health.
- YOU ARE RESPONSIBLE for asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis, or any instructions.
- YOU ARE EXPECTED to follow instructions concerning medications, follow-up visits, patient education, and to notify your health care provider if your treatment plan cannot be followed. You are responsible for outcomes if you do not follow the care and treatment plan.
- YOU ARE RESPONSIBLE for arriving as scheduled for appointments and to notify CityMD in advance in case you need to cancel an appointment.
- YOU ARE RESPONSIBLE for any charges that are billed to you as a result of receiving services at CityMD.
- YOU ARE RESPONSIBLE for respecting other persons' privacy. This includes not videotaping, photographing, or otherwise recording CityMD healthcare providers, employees, or other patients without their permission. Health care providers and CityMD employees reserve the right to prohibit photography or videotaping any time they believe it creates an interference or is inappropriate.
- YOU ARE RESPONSIBLE for following all applicable CityMD patient policies, rules, and regulations. If you would like information on any particular policy, please contact Patient Relations.
- YOU ARE RESPONSIBLE for being considerate and respectful of the rights of other patients and health care providers.