

## As a Patient of Evergreen Health, You Have the Following Rights:

1. To receive services regardless of your age, race, color, sexual orientation, gender identity, gender expression, religion, marital status, sex, or national origin;
2. To be treated with consideration, respect and dignity, including privacy in treatment;
3. To be informed of the services available at Evergreen;
4. To be informed of the provisions for off-hour emergency services;
5. To be informed of the charges for services, eligibility for third party reimbursements and, when applicable, the availability of free or reduced cost care;
6. To receive complete and current information concerning your medical diagnosis, treatment, and prognosis in terms that you can be reasonably expected to understand;
7. To receive an itemized copy of your account statement upon request;
8. To receive information from Evergreen's staff necessary to give informed consent (including the nature of procedure, the reasonably foreseeable risks, and alternatives for care or treatment, if any) prior to the start of any non-emergency procedure or treatment, or both;
9. To refuse treatment to the extent permitted by law, and to be fully informed of the medical consequences of your refusal;
10. To voice grievances and recommend changes in policies and services to Evergreen staff, Evergreen Health, and the NYS Department of Health without fear of reprisal;
11. To refuse to participate in experimental research;
12. To express complaints about the care and services provided to the Associate Vice President of Administration at (716) 844-0310; to have Evergreen investigate such complaints and provide the patient or his/her/their designee with a written response within 30 days; and, if not satisfied, to file a complaint to the NYS Department of Health at 1-800-804-5447;
13. To the privacy and confidentiality of all information and records pertaining to your treatment;
14. To approve or refuse the release or disclosure of the contents of your medical record to any healthcare provider, except as required by law or third party payment contract;
15. To review your medical record at a meeting mutually convenient to the patient and Evergreen Health;
16. To make known your wishes in regard to anatomical gifts by documenting your wishes in your healthcare proxy or on a donor card (available at Evergreen Health); and
17. To authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.