



**PATIENT RIGHTS  
INFORMATION REVIEW**

Name:

Date of Birth:

Four Winds Saratoga Partial Hospital /  
Intensive Outpatient Services

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**As a Patient in Four Winds Saratoga Partial Hospital / Intensive Outpatient services, I know I have the Right to:**

**PATIENT'S BILL OF RIGHTS**

At the time of admission, the patient's rights with respect to outpatient mental health treatment, as well as program rules and regulations are explained to the patient (and family, if appropriate).

Four Winds Saratoga patients shall be afforded the right to:

1. Considerate and respectful care in a manner that assures non-discrimination which acknowledges and is respectful of their ethnic and cultural environment;
2. Freedom from abuse and mistreatment;
3. The name of the physician responsible for coordinating his/her care;
4. The name and function of any person providing health care services to the patient;
5. Obtain from his/her physician complete current information concerning his diagnoses, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information shall be made available to an appropriate person in his/her behalf;
6. Receive from his/her physician the information necessary to give informed consent prior to the start of any procedure or treatment, or both, and which, except for those emergency situations not requiring an informed consent, shall include as a minimum the specific procedure or treatment, or both, the medically significant risks involved, and the probable duration of incapacitation, if any. The patient shall be advised of medically significant alternatives for care or treatment, if any;
7. Request a review of his/her medical record and receive a complete explanation of the procedure(s) by which appropriate access to the medical record is obtained;
8. Refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action;
9. Privacy to the extent consistent with providing adequate medical care to the patient. This shall not preclude discreet discussion of a patient's care or examination of a patient by appropriate health care personnel;
10. Privacy and confidentiality of all records pertaining to the patient's treatment except as otherwise provided by law or third party contract. When indicated, the patient's record shall contain documentation that the rights of the patient and patient's families are protected;

11. A response by the hospital in a reasonable manner to the patient's request for service customarily rendered by the hospital consistent with the patient's treatment;
12. A response by the hospital in a reasonable and timely manner to the patient's need for appropriate medical care not customarily rendered by the hospital;
13. Be informed by his/her physician or delegate of the physician of the patient's continued mental and physical health care requirements following discharge and that before transferring a patient to another facility the hospital first inform the patient of the need for and alternative to such a transfer;
14. A response by the hospital in a reasonable, timely manner to the patient's complaint of physical pain, acute and chronic. Appropriate interventions, education and referral as applicable.
15. The identity, upon request, of other health care and educational institutions that the hospital has authorized to participate in his/her treatment;
16. Examine and receive an explanation of his/her bill, regardless of source of payment;
17. Know the hospital rules and regulations that apply to his/her conduct as a patient;
18. Services within the least restrictive environment as possible; to be informed/educated of methods to assist in anger management, interventions to safety of self/others all in least restrictive way.
19. An individualized treatment plan which is periodically reviewed;
20. Actively participate with their responsible parents or relatives in planning for treatment;
21. Request the opinion of a consultant, at his or her own expense, or request an in-hospital review of the patient's individual treatment plan;
22. Receive a written statement of the patient's rights and a copy is posted in each patient unit;
23. Be informed of their rights in a language the patient understands;
24. The current and future use and disposition of products of audio-visual techniques;
25. To receive full explanation of any research project and the right to refuse participation in any research project;
26. Be informed of the hospital's responsibility, when the patient refuses treatment, to seek appropriate legal alternatives or orders of involuntary treatment with professional standards, to terminate the relationship with the patient upon reasonable notification;
27. Be informed of the source of the facility's reimbursement and any limitations placed on the duration of services;
28. Be informed of any changes in the professional staff responsible for the patient or any transfer of the patient within or out of the hospital;

29. To initiate a complaint or grievance through the program leadership and/or risk management director at extension 3464.
30. Be informed of the address and phone numbers of the following agencies:
  - a. Commission on Quality of Care for the Mentally Disabled  
401 State Street  
Schenectady, NY 12305  
(518)388-2888 or 1-800-624-4143
  - b. Protection and Advocacy for Mentally Ill Individuals Program  
401 State Street  
Schenectady, NY 12305  
(518)388-2888 (same as above)
  - c. NYS Office of Mental Health  
44 Holland Avenue  
Albany, New York 12229  
800-597-8481
  - d. Mental Hygiene Legal Service  
200 Great Oaks Blvd.  
Suite 223  
Albany, NY 12203  
Phone: (518) 471-4870  
Fax: (518) 451-8730
  - e. Joint Commission on Accreditation of Health Organizations  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181
31. Audio-visual equipment and other procedures where consent is required by law, no such procedure shall be implemented without full consultation with the patient and/or family with full explanation of the reasons and efficacy of such. The use of such techniques shall be employed only in the service of augmented and/or enhanced patient care or for the purpose of internal educative functions for the staff. In either case, following the appropriate explanation, the patient has full right of refusal to participate in such procedures without prejudice to his/he continued stay and treatment at the hospital. In all such cases, written consent shall be obtained prior before implementation of such techniques.
32. Receive all necessary information concerning their rights under the New York State Health Care Proxy Law, and (assistance by the program in completing all necessary procedures relevant to his/her preferred advance directive(s).

**Note: Patient is given original and the program maintains a photocopy.**

Issued: 1986

Reviewed/Revised: 2/89, 11/92, 12/94, 6/95, 5/98, 8/00, 5/01, 7/01, 3/03, 4/03, 4/06, 1/18

Four Winds Saratoga  
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Saratoga Springs, NY 12866

518-584-3600 1-800-888-5448

[www.fourwindshospital.com](http://www.fourwindshospital.com)

If you have any questions about this Notice please contact the Hospital's Privacy Officer, Erin Dorflinger, LCSW-R 518-584-3600 ext. 3286



## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

For certain types of disclosures of information in your medical record at a psychiatric hospital, New York State law may be more stringent than the federal law. For example the New York Mental Hygiene Law generally does not permit the disclosure of a clinical record except under circumstances specifically set forth in the law. The Hospital will follow New York law when it is more restrictive.

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#### Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 10 days of your request. We may charge a reasonable, cost-based fee.

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#### Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll tell you why in writing within 60 days.

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#### Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will say "yes" to all reasonable requests.

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#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket

	<p>in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</p> <ul style="list-style-type: none"> <li>• We will say “yes” unless a law requires us to share that information.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide this accounting for free.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting Erin Dorflinger, LCSW-R, at 518-584-3600 ext. 3147.</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

#### To treat you

- We can use your health information and share it with other professionals who are treating you.

*Example: The psychiatrist treating you may ask your outpatient psychiatrist about your treatment.*

<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our hospital, improve your care, and contact you when necessary.</li> </ul>	<i>Example: We use health information about you to manage your treatment and services.</i>
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>	
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul> <p>All research projects for patients receiving psychiatric services are subject to a special approval process under New York law.</p>	
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services or the NYS Office of Mental Health if it wants to see that we’re complying with federal and/or state privacy law.</li> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services.</li> </ul>	
<b>Inmates</b>	<p>If you are an inmate of a correctional facility, we may disclose medical information necessary for making a determination regarding your health care, security, safety or ability to participate in programs when the chief administrative officer of the facility has made a request for it.</p>	
<b>Work with a medical examiner</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner or medical examiner when an individual dies.</li> </ul>	

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<b>Respond to organ and tissue donation requests</b>	We can share health information about you with organ procurement organizations.
<b>Other</b>	We do not create or manage a hospital directory. We do not contact patients for marketing or fundraising efforts.

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### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**.

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective date of this Notice: 09/23/2013.

**This Notice of Privacy Practices applies to Four Winds Saratoga.**