

Client Bill of Rights

(Clinic & Home Visit Services)

As a client receiving services by the Tompkins County Health Department, you have the right, consistent with law, to:

- **Receive service(s)** without regard to age, race, color, ethnicity, disability, gender identity or expression, sexual orientation, religion, marital status, sex, veteran status, national origin or sponsor;
- **Be treated** with consideration, respect and dignity including privacy in treatment;
- **Be informed** of these rights, and the right to exercise such rights, in writing prior to the start of care, as evidenced by written documentation in the clinical record. If a client lacks capacity to exercise these rights, the rights shall be exercised by an individual, guardian or entity legally authorized to represent the client;
- **Be informed** of the services the agency is to provide, when and how services will be provided, and the name and functions of any person and affiliated agency providing care and services;
- **Be advised** before care is initiated of the extent to which payment for agency services may be expected from any third party payors and the extent to which payment may be required from the client; and be advised of any changes in payment information verbally and in writing not later than 30 calendar days from the date our agency becomes aware of the change;
- **Be informed** of the provisions for non-business hours emergency coverage;
- **Participate** in the planning of his or her care and be advised in advance of any changes to the plan of care;
- **Obtain complete** and current information concerning his/her diagnosis, treatment and prognosis in terms the client can be reasonably expected to understand;
- **Refuse care** and treatment after being fully informed of and understanding the consequences of such actions; refuse to participate in experimental research;
- **Express complaints** and recommend changes in policies and services to the Community Health Services Supervisor at **(607) 274-6604** or the Director of Community Health at **(607) 274-6614**, the New York State Department of Health or any outside representative of your choice. The expression of such complaints by you or your designee shall be free from interference, coercion, discrimination or reprisal;
- **Submit complaints** about care and services provided or not provided and complaints concerning lack of respect for property by anyone furnishing service on our behalf, to be informed of the procedure for filing such complaints, and to have such complaints investigated by us in accordance with the provisions of NYCRR Title 10 Part 766.9. We are responsible for notifying you or your designee that if you are not satisfied with our response, you have the right to appeal our response and you may voice complaints directly to the New York State Department of Health Patient Hotline at **(800) 628-5972**;
- **Privacy**, including confidential treatment of client records, and refuse release of records to any individual outside the agency except in the case of the client's transfer to a health care facility, or as required by law or third-party payment contract;
- **Access your medical record** pursuant to the provisions of section 18 of the Public Health Law, Subpart 50-3 of 751.9 (o).
- **Receive information** on advanced directives and forms free of charge. Our staff is available to answer questions you might have or you may call **(607) 274-6604** during business hours.