

## Privacy Practices HIPAA

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice that describes the health information practices of our clinic, its medical staff and affiliated health care providers that jointly provide health services with our clinic.

To obtain a copy of our Notice of Privacy Practices please ask a staff member if you have not received a copy already.

### Privacy Practices Summary

Generally we will obtain your written authorization before using your health information or sharing it with others outside the clinic.

However, there are some exceptions: *For treatment, payment and business operations; Public need; and Information if completely or partially de-identified.*

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please as to speak with our Privacy Officer. No one will retaliate or take action against you for filing a complaint.

For more information, please refer to our Notice of Privacy Practices.

## Our Mission

At Betances, we believe that quality health care is a basic human right. Rooted in the Lower East Side of New York City, Betances works to enhance the health and well-being of individuals and families from underserved, ethnically-rich communities by providing comprehensive, affordable health services. These services are delivered in a caring, professional and family friendly environment that is sensitive to diverse health care beliefs and practices, encouraging the development of strong healthy lives.

### Our Services:

Adult Medicine, Pediatric Medicine  
OB/GYN Care, Prenatal Care Senior  
Care, HIV/AIDS Care, Podiatry,  
Physical/Occupational Therapy  
Nutrition, Dental  
Case Management Services,  
Social Work Services,  
Substance Abuse Counseling

### Hours of Operation

Monday and Wednesday, 8:00am-8:00pm  
Tuesday and Friday, 8:00am-5:00pm  
Thursday, 10am-5:00pm

Most Insurances Accepted  
Sliding Fee Scale Available



**BETANCES HEALTH CENTER**

---

**PATIENT BILL OF RIGHTS  
AND RESPONSIBILITIES**

---

280 Henry Street  
New York, NY 10002  
212-227-8401  
Web Address: [www. Betances. Org](http://www.Betances.Org)

## PATIENTS' BILL OF RIGHTS

As a patient, you have the right, consistent with the law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the Health Care Center 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. This may include referral to an emergency room or care until an ambulance arrives if your needs are beyond the scope of our services.
5. Be informed of the name and position of the doctor who will be in charge of your care in the Health Center.
6. Know the names, positions, and functions of any center staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking environment.
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. 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. Review your medical record without charge and obtain a copy of your medical record for which the health center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
15. Receive an itemized bill and explanation of all charges.
16. Complain without fear of reprisals about the care or services you are receiving, and to have the health center respond to you; and if you request it, a written response.

If you are not satisfied with the health center's response, you can complain to our Compliance Officer at 212-227-8401 x168 or the New York State Health Department at 800-663-6114.

## PATIENTS' RESPONSIBILITIES:

This statement of Patients' Responsibilities was designed to demonstrate that mutual respect and cooperation are basic to the delivery of quality health care services.

When you are a patient at the Health Center, it is your responsibility to:

1. Provide accurate and complete information about your past illnesses, hospitalization, medications and other matters relating to your health.
2. Tell your doctor or nurse if you do not understand your treatment or what you are expected to do.
3. Tell your doctor or nurse if there is a change in your condition or if problems arise during your treatment.
4. Follow the treatment plan recommended by your doctor.
5. Provide accurate information relating to insurance or other sources of payment. Patients are responsible for assuring prompt payment of their bills.
6. Be courteous and considerate of other patients and of staff. Patients are expected to assist in maintaining a quiet environment and being respectful of health center property.
7. Honor our NO SMOKING POLICY.