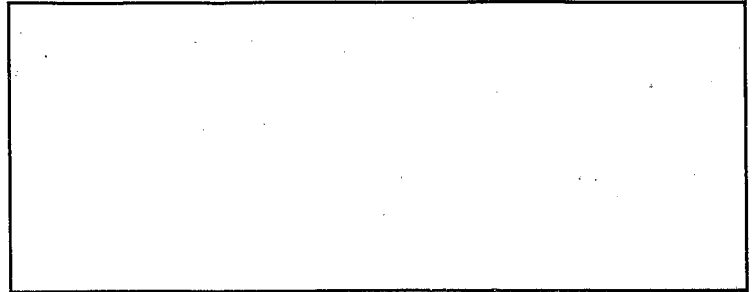


MELVILLE SURGERY CENTER
1895 WALT WHITMAN RD.
MELVILLE, N.Y. 11747



STATEMENT OF PATIENTS' RIGHTS

1. Receive service(s) without regard to age, race, color, sexual orientation, marital status, sex, national origin or sponsor
2. Be treated with consideration, respect and dignity including privacy in treatment;
3. Be informed of the services available at the Center;
4. Be informed of the provisions for off-hour emergency coverage;
5. Be informed of the charges for the services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
6. Receive an itemized copy of his/her account statement, upon request;
7. Obtain from his/her health care practitioner, or the healthcare practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
8. Receive from his/her physician information necessary to give informed consent prior to the start of any non emergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his or her action
10. Refuse to participate in experimental research;
11. Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal
12. Express complaints about the care and services provided and to have the Center investigate such complaints. The Center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The Center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the Center response, the patient may complain to the New York State Department of Health's office of Health System's Management; 300 Motor Parkway Hauppauge, N.Y. 11788, (516) 231-1880;
13. In addition to your right to address complaints to the New York Department of Health, if you are concerned about the **quality of medical services** you receive or are receiving, you or your representative may also **request in writing a Medicare Peer Review from the Empire State Medical, Scientific and Educational Foundation, Inc. (The Medical care Peer Review Organization for New York State), 420 Lakeville Rd. Lake Success, NY 11042.** If the services you receive(d) are normally covered by Medicare, the foundation will be able to review the quality of your care, even if your care is not being paid under Medicare. If you wish to file a complaint in writing and need further information, call during working hours 1-800-331-PROS (7667)
14. Privacy and confidentiality of all information and records pertaining to the patient's treatment;
15. Approve or refuse to release or the contents of his/her medical record to any healthcare practitioner and/or health care facility except as required by law or third-party payment contract;
16. Access his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this title.

I have received a copy of the above statement of patients' rights.

Patients signature _____

Date _____