As a patient at Columbia Health, you have the right, consistent with New York State law, to:

1. Understand and use these rights. If for any reason you need help with this, Columbia Health will provide assistance.
2. Receive treatment without discrimination as to real or perceived race, color, religion, sex, national origin, disability, sexual orientation, gender identity, relationship status, health status, or age.
3. Receive considerate and respectful care in a clean and safe environment.
4. Be informed of the name and position of the health care provider(s) who will be in charge of your care and refuse their treatment, examination, or observation.
5. Request treatment by a Columbia Health provider of your choosing and request to change providers, within reason, at any time.
6. Be informed of the name, position, and function of any Columbia Health staff involved in your care and refuse treatment, examination, or observation by that person.
7. Receive care in a non-smoking environment.
8. Expect that your protected health information (PHI) will be kept confidential as per New York State and HIPAA regulations. PHI will be released to a third-party only with your written consent or if required by law.
9. Receive complete information and participate in all decisions about your treatment.
10. Refuse treatment, examination, or observation and be told what effect this may have on your health.
11. Allow or refuse to allow persons not directly involved in your care to observe in the exam room during your visit.
12. Obtain a copy of your medical record or Disability Services record within a reasonable period of time, or view your medical records or Disability Services record with a Columbia Health designee, in accordance with relevant HIPAA and FERPA protections.
13. Refuse to participate in research. In deciding whether or not to participate, you have the right to a full explanation.
14. Receive all the information you need to give informed consent for any proposed procedure or treatment, including the possible risks and benefits of the procedure or treatment and any alternatives.
15. Appoint a health care proxy to make medical decisions for you should you lose that capability or submit an advance directive to be left on file as allowed by New York State Law.
16. Receive an itemized bill and an explanation of all charges.
17. Complain without fear of reprisals about the care and services you are receiving and to have Columbia Health respond to you and, if you request it, provide you with a written response. If you are not satisfied with Columbia Health's response, you may request assistance from the Senior Leader of the division from which you are seeking care or services or from the Columbia Health Senior Vice President. Columbia Health must provide you with the telephone numbers of these offices if you request them. Contact information is available at health.columbia.edu.