

# What You Need To Know As A Patient



Stony Brook **Medicine**

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# I. We Speak Your Language

Stony Brook University Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Stony Brook University Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## **Stony Brook University Hospital:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Roseanna Ryan, Director of Patient Advocacy & Language Assistance Services at 1-631-444-2880.

If you believe that Stony Brook University Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Roseanna Ryan  
Director Patient Advocacy & Language Assistance Services  
101 Nicolls Road  
Hospital, Level 5, Room 540  
Stony Brook, NY, 11794-7522  
Phone 1-631-444-2880 or Fax 1-631-444-6637  
**Email [roseanna.ryan@stonybrookmedicine.edu](mailto:roseanna.ryan@stonybrookmedicine.edu)**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance,

Roseanna Ryan, Director of Patient Advocacy & Language Assistance Services, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer.

ATTENTION: If you speak American Sign Language, language assistance services, free of charge, are available to you. Call 1-631-444-2880.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-631-444-2880.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-631-444-2880.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-631-444-2880.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৬৩১-৪৪৪-২৮৮০।

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-631-444-2880。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-631-444-2880.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-631-444-2880.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-631-444-2880.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-631-444-2880.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-631-444-2880.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-631-444-2880.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-631-444-2880.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-631-444-2880.

1-631-444-2880 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר איך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-631-444-2880

## II. My HealtheLife Patient Portal

Stony Brook Medicine's patient portal, "MyHealtheLife," is a secure, online tool for patients 13 and older to view their health information, message doctors and request appointments. The portal allows you to review your own health records and medical history, and exchange health-related messages with your doctor. To create a MyHealtheLife patient portal account, you can request an invitation at your next office visit or self-enroll. To self-enroll, you must be age 18 or older and not already have a MyHealtheLife portal account. Visit [stonybrookmedicine.iqhealth.com/self-enroll/](http://stonybrookmedicine.iqhealth.com/self-enroll/) and complete the form to confirm your information. If you manage the health of a patient, talk to the patient's healthcare provider to receive an Authorized Representative (Proxy) invitation to MyHealtheLife. You cannot self-enroll for proxy access.

## III. Healthix HIE (Health Information Exchange)

If your doctors are not affiliated with Stony Brook University Hospital, you can share your medical information with them if you participate with Healthix HIE.

Healthix is a public health information exchange (HIE) which enables the electronic sharing of health information between providers. Healthix uses a secure computer network to secure, protect and share patient health information electronically. You have the right to decide who can access your health information through Healthix to doctors, nurses and other healthcare providers, which will help them make more informed decisions regarding your care. We will need your consent allowing us to access your health information, as well as your medical records, while you are being cared for at Stony Brook University Hospital. One of our Patient Access Services representatives will ask you for your consent and electronic signature.

## IV. Smoking Cessation

It is in the best interest of your health and the health of your family to stop smoking. We can help. If you are a smoker, ask your doctor or nurse about nicotine replacement. The New York State Smokers' Quitline offers free counseling and nicotine replacement. Call **866-697-8487 (866-NY-QUITS)** or visit [nysmokefree.com](http://nysmokefree.com). The Suffolk County Department of Health also offers a six-week program to assist you with quitting. To find a class near you, call **631-853-4017**.

## V. Financial Assistance Program

Stony Brook University Hospital is committed to providing quality healthcare services regardless of your ability to pay. For those who are under age 65 and who do not have a disability, you may be eligible for coverage through NY State of Health, the state's official health plan marketplace.

**Visit online:** [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)

**Call: 855-355-5777**

Monday through Friday, 8 am to 8 pm Saturday, 9 am to 1pm

In order to apply for coverage, you may need to have proof of the following:

- Citizenship
- Immigration Status
- Social Security Number
- Residency
- Income

Individuals who are age 65 or older, or who have a disability, are blind and /or are in need of long term care coverage, may be eligible for Medicaid. The New York State Department of Social Services requires a paper application to be submitted to your local center. Call Stony Brook Medicine's Financial Services at **631-444-7583** to make an appointment to apply for Medicaid.

### **Payment Options**

Stony Brook University Hospital recognizes that there are times when patients in need of care will have difficulty paying for services provided. The hospital's financial assistance program provides discounts to qualifying individuals, based on income.

### **Who qualifies for a discount?**

Financial assistance is available to patients who have limited income, have no health insurance or are underinsured. You cannot be denied medically necessary care because you need financial assistance. You may apply for a discount regardless of immigration status. Everyone in New York State who needs emergency services and non-emergency, medically necessary services at Stony Brook University Hospital can receive care and may be eligible for assistance based on income limits that have been established by federal guidelines.

### **What if I do not meet the income limits?**

If you cannot pay your bill, Stony Brook University Hospital offers a payment plan to those patients who meet the income limits. The amount you pay depends on your income. We also extend payment plans to payments who exceed income limits.

### **Can someone explain the discount? Can someone help me apply?**

Yes. Free confidential help is available. Call our Financial Aid Unit at **631-444-4331**. If you do not speak English, someone will help you in your own language. The financial counselor can tell you if you qualify for free or low-cost insurance, such as Medicaid, Family Health Plus and Child Health Plus.

If the counselor finds that you don't qualify for low-cost insurance, he or she will help you apply for a discount. The counselor will help you fill out the forms and tell you what documents you need to bring.

**How do I apply for a discount?**

A financial assistance application is available online at [stonybrookmedicine.edu/billing/information](http://stonybrookmedicine.edu/billing/information). You may also pick up an application from the cashier in the Emergency Department, the main cashier on Level 5 of the hospital or the Patient Accounts Office at 31 Research Way in East Setauket. A financial assistance application will be sent to you upon your request if you call our Financial Aid Unit at **631-444-4331**. You will need to supply copies of all requested documentation. If you cannot provide these, you may still be eligible to apply for financial assistance.

**What services are covered?**

All medically necessary services provided by Stony Brook University Hospital are covered by the discount. This includes outpatient services, emergency care and inpatient admissions. Charges from private doctors who provide services in the hospital may not be covered. Talk to your private doctor to see if they offer a discount or payment plan.

**How much do I have to pay?**

The amount for outpatient services or emergency care starts at \$0 for children and women who are pregnant, depending on income. The amount for outpatient services or the emergency room starts at \$15 for adults, depending on income. A financial counselor will give you the details about your specific discount(s) once your application is processed. If a deposit is required for certain elective procedures, the deposit will be reduced by your financial aid status.

**How do I get the discount?**

Fill out the application form. As soon as we have proof of your income, we can process your application according to your income level. You can apply for a discount before you have an appointment, when you come to the hospital for care or when the bill comes in the mail. Send the completed form to Stony Brook University Hospital, P.O. Box 1546, Stony Brook, NY 11790-9113. You have up to 90 days after receiving services to submit the application.

**How will I know if I am approved for a discount?**

Stony Brook University Hospital will send you a letter within 30 days after completion and submission of documentation to let you know whether or not you have been approved, as well as the level of discount received.

**What happens if I receive a bill while I'm waiting to hear if I get a discount?**

You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is denied, the hospital must explain why in writing and provide you with a way to appeal this decision to a higher level within the hospital.

**What if I have a problem that I cannot resolve with the hospital?**

You may call the New York State Department of Health Complaint Hotline at **800-804-5447**.

# VI. Your Rights and Responsibilities as a Patient

At Stony Brook Medicine, we respect your rights as a patient and strive to provide considerate, respectful healthcare based on your individual needs. The rights and responsibilities listed here include those rights you have as a patient under New York State law.

## Patients' Responsibilities

In addition to rights, as a patient or a visitor you also have responsibilities to help ensure a safe environment:

- 1) Provide to the best of your knowledge any information about your health history and a copy of your Health Care Proxy.
- 2) Be open with all health care personnel caring for you, and ask questions if you do not understand any directions or information given to you.
- 3) Be mindful that an abundance of visitors or excessive noise may be upsetting to other patients or visitors. We request a maximum of 2 visitors at the bedside to maintain a healing environment.
- 4) Support mutual consideration and respect by maintaining civil language and conduct in interactions with the hospital staff. Abusive or disrespectful behavior may result in your dismissal from Stony Brook Medicine care.
- 5) Smoking is not permitted in any Stony Brook Medicine property, buildings or parking lots/garage.
- 6) Stony Brook Medicine reserves the right to search patient rooms and belongings for illegal substances if illegal activity is suspected. Do not take drugs except those given to you by the Stony Brook Medicine staff. Do not consume alcoholic beverages or toxic substances.
- 7) Do not take pictures, videos or otherwise make any recordings on Stony Brook Medicine property of the hospital staff, patients, and visitors.
- 8) Protect your personal belongings, as you are responsible for any items that you keep in your possession.
- 9) Be prompt in your payment of hospital bills by providing the information necessary for insurance processing and asking questions you may have concerning the bill.

The Patients' Bill of Rights were drawn up as a means of achieving better communication between the patient and the healthcare team. If you have any questions regarding your rights and/or responsibilities at Stony Brook Medicine, or if you need help resolving a problem that can't be addressed by your healthcare team, please call the Department of Patient Advocacy. The Patient Advocate is here to help answer your questions about your hospitalization and assist in facilitating communication with your healthcare team.

Patient Advocacy  
Stony Brook University Hospital  
Level 5, Room 540  
Tel: (631) 444-2880

You may also call the New York State Department of Health at 1-800-804-5447 or the Joint Commission at 1-800-994-6610 or via email at [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

## The following pages further outline your specific rights:

- Patients' Bill of Rights
- Parents' Bill of Rights
- Patients' Bill of Rights for Diagnostic & Treatment Centers (Clinics)
- Patient Bill of Rights Under New York State Mental Hygiene Law
- Breastfeeding Mothers' Bill of Rights
- New York State & Federal Benefits for Qualified Veterans & Their Families
- Pain Management
- Notice of Privacy Practices



# PATIENTS' BILL OF RIGHTS IN A HOSPITAL

## **As a patient in a hospital in New York State, you have the right, consistent with law, to:**

- (1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
- (2) Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age 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.
- (5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- (6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- (7) Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
- (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 to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care — 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) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- (15) Review your medical record without charge and, obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- (16) Receive an itemized bill and explanation of all charges.
- (17) View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.
- (18) Challenge an unexpected bill through the Independent Dispute Resolution process.
- (19) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
- (20) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- (21) Make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as a health care proxy, will, donor card, or other signed paper). The health care proxy is available from the hospital.

Public Health Law(PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c)

# PARENTS' BILL OF RIGHTS

**As a parent, legal guardian or person with decision-making authority for a pediatric patient receiving care in this hospital, you have the right, consistent with the law, to the following:**

- 1) To inform the hospital of the name of your child's primary care provider, if known, and have this information documented in your child's medical record.
- 2) To be assured our hospital will only admit pediatric patients to the extent consistent with our hospital's ability to provide qualified staff, space and size appropriate equipment necessary for the unique needs of pediatric patients.
- 3) To allow at least one parent or guardian to remain with your child at all times, to the extent possible given your child's health and safety needs.
- 4) That all test results completed during your child's admission or emergency room visit be reviewed by a physician, physician assistant, or nurse practitioner who is familiar with your child's presenting condition.
- 5) For your child not to be discharged from our hospital or emergency room until any tests that could reasonably be expected to yield critical value results are reviewed by a physician, physician assistant, and/or nurse practitioner and communicated to you or other decision makers, and your child, if appropriate. Critical value results are results that suggest a life-threatening or otherwise significant condition that requires immediate medical attention.
- 6) For your child not to be discharged from our hospital or emergency room until you or your child, if appropriate, receives a written discharge plan, which will also be verbally communicated to you and your child or other medical decision makers. The written discharge plan will specifically identify any critical results of laboratory or other diagnostic tests ordered during your child's stay and will identify any other tests that have not yet been concluded.
- 7) To be provided critical value results and the discharge plan for your child in a manner that reasonably ensures that you, your child (if appropriate), or other medical decision makers understand the health information provided in order to make appropriate health decisions.
- 8) For your child's primary care provider, if known, to be provided all laboratory results of this hospitalization or emergency room visit.
- 9) To request information about the diagnosis or possible diagnoses that were considered during this episode of care and complications that could develop as well as information about any contact that was made with your child's primary care provider.
- 10) To be provided, upon discharge of your child from the hospital or emergency department, with a phone number that you can call for advice in the event that complications or questions arise concerning your child's condition.

Public Health Law (PHL) 2803(i)(g) Patients' Rights 10NYCRR, Section 405.7



**Department  
of Health**

# Patients' Bill of Rights for Diagnostic & Treatment Centers (Clinics)

**As a patient in a Clinic in New York State, you have the right, consistent with law, to:**

- (1) Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, 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 and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; 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 health care 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 nonemergency 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 reasonably foreseeable 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/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;
- (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- (14) Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- (15) Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: [http://www.health.ny.gov/publications/1449/section\\_1.htm#access](http://www.health.ny.gov/publications/1449/section_1.htm#access);
- (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
- (17) When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center;
- (18) View a list of the health plans and the hospitals that the center participates with; and
- (19) Receive an estimate of the amount that you will be billed after services are rendered.



**Department  
of Health**

# Patient Bill of Rights Under New York State Mental Hygiene Law

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All patients of Stony Brook University Hospital have a right to the posted Patient's Bill of Rights. Additionally, all patients in New York State psychiatric centers in New York State psychiatric centers have the rights listed below, unless there is a specific provision of another law — such as the Criminal Procedure Law or Correction Law for individuals admitted under these laws — which provides otherwise.

- Appropriate personal clothing.
- A safe and sanitary environment.
- A balanced and nutritious diet.
- Practice the religion of your choice, or no religion.
- Freedom from abuse and mistreatment by employees or other residents.
- Adequate grooming and personal hygiene supplies.
- A reasonable amount of safe storage space for clothing and other personal property.
- Reasonable privacy in sleeping, bathing and toileting areas.
- Receive visitors at reasonable times, have privacy when visited and communicate freely with people inside or outside the psychiatric center.
- Appropriate medical and dental care.
- An individualized plan for treatment and active participation in developing that plan.
- Contact the facility director, the Mental Hygiene Legal Service, Stony Brook Medicine's Department of Patient Advocacy or the New York State Office of Mental Health or the Justice Center about any questions or complaints.

If you have any questions regarding your rights or if you need help resolving a problem please contact Stony Brook University Hospital's Department of Patient Advocacy at **631-444-2880**. A Patient Advocate is here to help answer your questions about your hospitalization and provide a channel through which you can voice your concerns. You may also contact the New York State Department of Health at **800-804-5447** or The Joint Commission at **800-994-6610** or via email at **[complaint@jointcommission.org](mailto:complaint@jointcommission.org)**.

# Breastfeeding Mothers' Bill of Rights

Choosing how to feed her new baby is one of the important decisions a mother can make in preparing for her infant's arrival. Doctors agree that for most women, breastfeeding is the safest and healthiest choice. It is your right to be informed about the benefits of breastfeeding, and to have your health care provider, maternal health care facility, and child day care facility encourage and support breastfeeding. You have the right to make your own choice about breastfeeding. Whether you choose to breastfeed or not, you have the rights listed below, regardless of your race, creed, national origin, sexual orientation, gender identity or expression, or source of payment for your health care. Maternal health care facilities have a responsibility to ensure that you understand these rights. They must provide this information clearly for you, and must provide an interpreter, if necessary. These rights may be limited only in cases where your health or the health of your baby requires it. If any of the following things are not medically right for you or your baby, you should be fully informed of the facts and be consulted.

## (1) Before You Deliver:

If you attend prenatal childbirth education classes (those provided by the maternal health care facility and by all hospital clinics and diagnostic and treatment centers providing prenatal services in accordance with Article 28 of the Public Health Law), then you must receive the Breastfeeding Mothers' Bill of Rights. Each maternal health care facility shall provide the maternity information leaflet, including the Breastfeeding Mothers' Bill of Rights, to each patient or to the appointed personal representative at the time of prebooking or time of admission to a maternal health care facility.

You have the right to receive complete information about the benefits of breastfeeding for yourself and your baby. This will help you make an informed choice on how to feed your baby.

You have the right to receive information that is free of commercial interests and includes:

- How breastfeeding benefits you and your baby nutritionally, medically and emotionally;
- How to prepare yourself for breastfeeding;
- How to understand some of the problems you may face and how to solve them.

## (2) In The Maternal Health Care Facility:

- You have the right to have your baby stay with you right after birth, whether you deliver vaginally or by cesarean section.
- You have the right to begin breastfeeding within one hour after birth.
- You have the right to get help from someone who is trained in breastfeeding.
- You have the right to have your baby not receive any bottle feeding or pacifiers.
- You have the right to know about and refuse any drugs that may dry up your milk.
- You have the right to have your baby in your room with you 24 hours a day.
- You have the right to breastfeed your baby at any time day or night.



- You have the right to know if your doctor or your baby’s pediatrician is advising against breastfeeding before any feeding decisions are made.
- You have the right to have a sign on your baby’s crib clearly stating that your baby is breastfeeding and that no bottle feeding of any type is to be offered.
- You have the right to receive full information about how you are doing with breastfeeding, and to get help on how to improve.
- You have the right to breastfeed your baby in the neonatal intensive care unit. If nursing is not possible, every attempt will be made to have your baby receive your pumped or expressed milk.
- If you – or your baby – are re-hospitalized in a maternal health care facility after the initial delivery stay, the hospital will make every effort to continue to support breastfeeding, and to provide hospital-grade electric pumps and rooming-in facilities.
- You have the right to get help from someone specially trained in breastfeeding support, if your baby has special needs.
- You have the right to have a family member or friend receive breastfeeding information from a staff member, if you request it.

### (3) When You Leave The Maternal Health Care Facility:

- You have the right to printed breastfeeding information free of commercial material.
- You have the right, unless specifically requested by you, and available at the facility, to be discharged from the facility without discharge packs containing infant formula, or formula coupons unless ordered by your baby’s health care provider.
- You have the right to get information about breastfeeding resources in your community, including information on availability of breastfeeding consultants, support groups, and breast pumps.
- You have the right to have the facility give you information to help you choose a medical provider for your baby, and to help you understand the importance of a follow-up appointment.
- You have the right to receive information about safely collecting and storing your breast milk.
- You have the right to breastfeed your baby in any location, public or private, where you are otherwise authorized to be. Complaints can be directed to the New York State Division of Human Rights.
- You have a right to breastfeed your baby at your place of employment or child day care center in an environment that does not discourage breastfeeding or the provision of breast milk.
- Under section 206-c of the Labor Law, for up to three years following childbirth, you have the right to take reasonable unpaid break time or to use paid break time or meal time each day, so that you can express breast milk at work. Your employer must make reasonable efforts to provide a room or another location, in close proximity to your work area, where you can express breast milk in private. Your employer may not discriminate against you based on your decision to express breast milk at work. Complaints can be directed to the New York State Department of Labor.

These are your rights. If the maternal health care facility does not honor these rights, you can seek help by contacting the New York State Department of Health, or by contacting the hospital complaint hotline at **1-800-804-5447**; or via email at [hospinfo@health.ny.gov](mailto:hospinfo@health.ny.gov).





# New York State & Federal Benefits for Qualified Veterans & Their Families



Division of  
Veterans' Affairs

New York State  
Division of Veterans' Affairs  
2 Empire State Plaza, 17th Floor  
Albany, NY 12223-1551

1-888-VETS NYS  
(1-888-838-7697)  
www.veterans.ny.gov



iOS



Google

## Aid and Attendance

Wartime Veterans, regardless of combat, and non-re-married surviving spouses may be eligible for significant financial assistance to pay for help with activities of daily living provided by a long term care facility, nursing home, or in home care provided by a family member, friend, or an entity. Eligibility is based on income, assets, and need for assistance.

## Blindness

**Federal:** Veterans receiving compensation for service-connected disability and are blind in both eyes or are in receipt of Aid and Attendance may qualify. Blindness need not be service-connected. Guide Dogs, electronic and mechanical aids are available.

**State:** A New York State Blind Annuity is available to legally blind wartime Veterans or their unremarried surviving spouses, who reside and are domiciled in New York State. Blindness does not need to be service-connected.

## Burial

**Federal:** Financial assistance for burial and plot expenses available for eligible survivors of qualified Veterans. Burial in National Cemeteries available to certain Veterans and family members. Claim must be filed within two years after permanent interment. The VA provides headstones or grave markers for unmarked burial sites. An American flag is available to drape the casket and be given to next of kin.

**State:** Payments authorized by counties for indigent NYS Veterans and certain family members; purchase of headstone also authorized.

**State:** A supplemental burial allowance of up to \$6,000 is authorized for certain military personnel killed in combat or dying from combat wounds.

## Civil Service

**Federal:** Ten-point preference for eligible disabled Veterans in competitive exams only. Certain requirements waived and special priority given in certain job categories. Unremarried widow(er)s, certain spouses and mothers of disabled Veterans also are eligible for preference. Five-point preference for wartime Veterans honorably discharged.

**State:** Qualified disabled Veterans eligible for appointment to non-competitive State employment positions under Sections 55-c of the New York State Civil Service Law. Information on jobs with New York State agencies is

available at [www.cs.ny.gov](http://www.cs.ny.gov) or by email at [pio@cs.ny.gov](mailto:pio@cs.ny.gov) or by calling 1-877-NYS-JOBS (1-877-697-5627)

**State and Local:** Ten-point additional credit preference toward original and future appointment for disabled wartime Veterans; five-points for wartime service; and two and a half points for competitive promotional exams. Job retention rights applicable to Veterans.

## Disability Benefits

**VA Compensation:** Veterans with a disability or disease incurred or exacerbated during active service are entitled to monthly compensation payments determined by the severity of the condition or loss of earning power. Application may be made for the benefit anytime during the Veteran's lifetime. Additional monetary allowances for dependents of Veterans with 30 percent or greater disability rating.

## Education

**Federal:** The VA administers basic education programs for Veterans and service persons seeking assistance for education or training, which may be non-contributory, contributory, or training for unemployed Veterans.

**Children of Veterans (Federal):** If Veteran's death or total disability is service-connected or if the disability is granted to certain service members still on active duty, the children may pursue approved courses in schools and colleges under the Dependents Education Assistance program. Orphans generally ages 18-26, receive a financial stipend for up to 45 months schooling. Certain children beginning at age 14, may be eligible for special restorative training.

### Widow(er)s and Spouses (Federal):

Educational benefits and financial stipends are also available to widow(er)s and spouses of certain Veterans who died of service-connected disability or who are disabled 100% from service-connected causes or for certain service members who are granted the disability while still on active duty.

**State: G.I. Bill** Veterans who are not New York State residents can attend State University of New York or City University of New York colleges on the G.I. Bill and still receive the in-state tuition rate.

**State: Veterans Tuition Award** Under Education Law Section 669-a, NY residents who are "combat Veterans" of the Vietnam, Persian Gulf, and Afghanistan conflicts, or who have received an Expeditionary Medal, may be eligible to receive the NYS Veterans' award per

semester will equal to the amount of undergraduate tuition charged by SUNY to NYS residents or actual tuition, whichever is less.

**State: Child of a Veteran Award** provides eligible children of deceased Veterans, or those service-connected disabled of 40% or greater, or those classified as former prisoners of war, or as missing in action, a non-competitive award of \$450 a year.

**State: Military Service Recognition Scholarship (MSRS)** Available to certain dependents of military personnel killed, severely disabled or missing in action while serving in combat or a combat zone of operation since Aug. 2, 1990.

## Employment & Training

As guaranteed by the New York State Veterans Bill of Rights for Employment Services, Veterans are entitled to priority service at all New York State Department as for employment counseling, vocational testing and other services. Veterans receive special priority for all services and training funded by the Workforce Investment Act. For more information call 1-800-342-3358 or contact your nearest State Labor office.

## Gold Star Parents Annuity

New York State provides an annuity payment of \$500 per parent, up to \$1000 per deceased Veteran for Gold Star Parents (as defined in 10 USC 1126) who reside and are domiciled in New York State.

## Health Care

**Hospitalization:** VA facilities give the highest priority for medical care to those Veterans who are: rated service-connected disabled; retired by disability from active duty; were awarded the Purple Heart; in receipt of VA pension; are eligible for Medicaid; are former POW's; in need of care for a condition related to exposure to dioxin or other toxic substance (Agent Orange) or Gulf War diseases, or exposure to ionizing radiation while on active duty. Non-service connected Veterans may be treated if facility resources allow, and may be subject to a test of financial means and a co-payment.

Veterans who served in combat locations since Nov. 11, 1998 are eligible for free health care for five years following discharge for conditions potentially related to combat service.

**Outpatient Medical Treatment:** VA provides medical services to eligible Veterans on an outpatient basis within the limits of the facilities.

## Homes (state) for Veterans

The Homes for Veterans Program offers low interest rate mortgage programs and additional benefits to qualified Veterans making homeownership more attainable for Veterans by relaxing eligibility requirements, eliminating fees, and providing closing cost assistance. Co-Op's eligible.

## Home Loan Guaranty

Federal: Certain Veterans and spouses are eligible for GI loans for homes, condominiums and manufactured

homes. Participating financial institutions receive a guarantee from the VA covering part of the loan in the event of default on repayment. Applicants must apply for a certificate of eligibility.

## Insurance

Holders of USGLI, NSLI and VSLI policies can obtain information concerning conversion, beneficiary changes, loans and disability riders from their local State Veteran Counseling Center. Service-members with SGLI have 120 days following separation from service to convert to a permanent insurance plan.

## Licenses & Permits

Veterans with a 40% or greater disability rating are eligible for low-cost hunting and fishing licenses, and free use of state parks, historic sites and recreation sites.

## Nursing Home Care

**Nursing Home (Domiciliary) Care (Federal):** Admission limited to eligible Veterans who are disabled, unable to earn a living and in need of medical treatment and full care other than hospitalization. Nursing home care can be authorized for a limited period on referral from VA medical centers.

**State Veterans Homes:** The New York State Department of Health operates four state Veterans homes for Veterans, spouses and certain parents: a 242-bed Veterans home at Oxford, Chenango County, a 250-bed Home at St. Albans, Queens; a 126-bed Home in Batavia, Genesee County; and a 250-bed home at Montrose, Westchester County. A 350-bed Veterans Home on the campus of SUNY at Stony Brook, Long Island is operated by the University's Health Sciences Center. Health care and skilled nursing services are available at all facilities.

## Pension Benefits

**VA Disability Pension (Non-Service Connected):** A monthly pension is payable to eligible wartime Veterans, or surviving spouses, with limited income and nonservice-connected disabilities that are permanent and totally disabling. Veterans must be determined to be permanently and totally disabled for pension purposes. Payments based on annual income.

## Property Tax Exemption

Partial exemption from real property taxes is based on wartime or "Cold War era" service, combat and expeditionary duty, and degree of service-connected disability. Applications must be filed before the local Taxable Status Day. Qualifying surviving spouses may file for benefit based on their spouse's military service. Gold Star parents may be eligible, subject to local statute. Exemption applies to local and county property taxes and may apply to school taxes.

## Re-Employment

Application to former employer for restoration to pre-military position, other than temporary employment, should be made within 90 days of separation. Job reinstatement is for like seniority, status and pay. Reservists after initial training must seek reinstatement within 31 days.



## Review of Discharge

Military Boards of Review have authority to correct and upgrade most discharges based on facts presented for consideration. Specially Adapted Homes

**Federal:** Certain seriously disabled or blinded Veterans may be eligible for a grant to build or adapt their home to meet the wheelchair needs or other adaptations for the Veteran's disability.

**State:** Seriously disabled Veterans who are eligible to receive federal funds to adapt their homes are exempt from local property taxes, including school taxes and special charges.

## Survivors' Benefits

### VA Dependency and Indemnity

**Compensation (DIC):** DIC payments are payable to eligible spouses, unmarried children under 18, certain children pursuing higher education, certain helpless children, and dependent parents of Veterans whose death was service-connected. Benefits are discontinued upon

remarriage. Annual income of parents is an eligibility factor for parental DIC.

**VA Surviving Spouse Pension (Non-Service-Connected Death):** Certain surviving spouses and children of a deceased wartime Veteran may be eligible for a death pension. Amount depends on monthly income and, in some instances, net worth. Minor children may be eligible even though spouse remarries.

## Vocational Rehabilitation

**Federal:** Entitlement to vocational rehabilitation benefits — including institutions of higher education, trade schools, apprenticeship programs and on-the-job training are available for eligible Veterans with service-connected disabilities.

**State:** The Adult Career and Continuing Educations Services office provides qualified disabled Veterans a program of vocational evaluation, consultation and training.

## Facilities in New York

### Facility

VISN 2: NY/NJ VA Health Care Network

### Address

130 W. Kingsbridge Road, Building 16 Bronx, NY 10468  
Mailing Address: 130 W. Kingsbridge Road,  
Building 16 Bronx, NY 10468

### Phone

718-741-4134

## Veterans Health Administration - VISN 2: NY/NJ VA Health Care Network

### Facility

VA Hudson Valley Health Care System

VA NY Harbor Healthcare System

VA Western New York Healthcare System

Albany VA Medical Center: Samuel S. Stratton Bath

VA Medical Center

Brooklyn Campus of the VA NY Harbor Healthcare

Canandaigua VA Medical Center

Castle Point Campus of the VA Hudson Valley Health

Franklin Delano Roosevelt Campus of the VA

Hudson James J. Peters VA Medical Center (Bronx,

NY) Manhattan Campus of the VA NY Harbor

Healthcare Northport VA Medical Center

Syracuse VA Medical Center

VA Western New York Healthcare System at Batavia

VA Western New York Healthcare System at Buffalo

St. Albans Community Living Center

Behavioral Health Facility

Auburn VA Outpatient Clinic

Bainbridge VA Outpatient Clinic

Bay Shore Clinic

Binghamton VA Outpatient Clinic

CANI

Carmel Community Clinic/Putnam County

Catskill VA Outpatient Clinic

Clifton Park VA Outpatient Clinic

Dunkirk VA Outpatient Clinic

East Meadow Clinic

Eastern Dutchess Pine Plains Community Clinic

Elmira VA Outpatient Clinic

Fonda VA Outpatient Clinic

Glens Falls VA Outpatient Clinic

Goshen Community Clinic

Harlem Community Clinic

### Address

2094 Albany Post Rd. Montrose, NY 10548

423 East 23rd Street New York, NY 10010

3495 Bailey Avenue Buffalo, NY 14215

113 Holland Avenue Albany, NY 12208

76 Veterans Avenue Bath, NY 14810

800 Poly Place Brooklyn, NY 11209

400 Fort Hill Avenue Canandaigua, NY 14424

41 Castle Point Road Wappingers Falls, NY 12590

2094 Albany Post Rd. Montrose, NY 10548

130 West Kingsbridge Road Bronx, NY 10468

423 East 23rd Street New York, NY 10010

79 Middleville Road Northport, NY 11768

800 Irving Avenue Syracuse, NY 13210

222 Richmond Avenue Batavia, NY 14020

3495 Bailey Avenue Buffalo, NY 14215

179-00 Linden Blvd. & 179 Street Jamaica, NY 11425

620 Erie Blvd West Syracuse, NY 13204

17 Lansing Street Auburn, NY 13021

109 North Main Street Bainbridge, NY 13733

132 East Main Street Bay Shore, NY 11706

Garvin Building, 425 Robinson St. Binghamton, NY 13901

Watertown Center Watertown, NY 13601

1875 Route 6, Provident Bank, (2nd Floor)

Carmel, NY 10512

Columbia Greene Medical Arts Building, Suite D305, 159

Jefferson Hgts Catskill, NY 12414

963 Route 146 Clifton Park, NY 12065

166 East 4th Street Dunkirk, NY 14048

2201 Hempstead Turnpike,

Building Q East Meadow, NY 11554

2881 Church St, Rt 199 Pine Plains, NY 12567

1316 College Avenue Elmira, NY 14901

2623 State Highway 30A Fonda, NY 12068

84 Broad St. Glens Falls, NY 12801

30 Hatfield Lane, Suite 204 Goshen, NY 10924

55 West 125th Street New York, NY 10027

### Phone

914-737-4400

716-834-9200

518-626-5000

607-664-4000

718-836-6600

585-394-2000

845-831-2000

914-737-4400

718-584-9000

212-686-7500

631-261-4400

315-425-4400

585-297-1000

716-834-9200

718-526-1000

315-425-4400 X 53463

315-255-7002

607-967-8590

631-754-7978

607-772-9100

315-782-0067

845-228-5291

518-943-7515

518-383-8506

716-203-6474

631-754-7978

518-398-9240

877-845-3247

518-853-1247

518-798-6066

845-294-6927

646-273-8125

Jamestown VA Outpatient Clinic	608 West 3rd Street Jamestown, NY 14701	716-338-1511
Kingston VA Outpatient Clinic	324 Plaza Road Kingston, NY 12401	845-331-8322
Lackawanna VA Outpatient Clinic	1234 Abbott Road Lackawanna, NY 14218	716-821-7815
Lockport VA Outpatient Clinic	5883 Snyder Drive Lockport, NY 14094	716-438-3890
Malone VA Outpatient Clinic	3372 State Route 11, Main Street Malone, NY 12953	518-483-1529
Massena VA Outpatient Clinic	6100 St. Lawrence Centre Massena, NY 13662	315-705-6666
Monticello Community Clinic	55 Sturgis Road Monticello, NY 12701	845-791-4936
New City Community Clinic	345 North Main Street, Upper Level New City, NY 10956	845-634-8942
Niagara Falls VA Outpatient Clinic	2201 Pine Avenue Niagara Falls, NY 14301-2300	716-862-8580
Olean VA Outpatient Clinic	VA Outpatient Clinic, 465 North Union Street Olean, NY 14760-2658	716-373-7709
Oswego VA Outpatient Clinic	437 State Route 104 E Oswego, NY 13126	315-207-0120
Patchogue Community Clinic	4 Phyllis Drive Patchogue, NY 11772	631-754-7978
Plattsburgh VA Outpatient Clinic	80 Sharron Avenue Plattsburgh, NY 12901	518-561-6247
Port Jervis Community Clinic	150 Pike St. Port Jervis, NY 12771	845-856-5396
Poughkeepsie Community Clinic	488 Freedom Plains Rd., Suite 120 Poughkeepsie, NY 12603	845-452-5151
Riverhead Clinic	300 Center Drive Riverhead, NY 11901	631-754-7978
Rochester VA Outpatient Clinic	465 Westfall Road Rochester, NY 14620	585-463-2600
Rome - Donald J. Mitchell VA Outpatient Clinic	125 Brookley Road, Building 510 Rome, NY 13441	315-334-7100
Saranac Lake	33 Depot St. Saranac Lake, NY 12983	518-626-5237
Schenectady VA Outpatient Clinic	1346 Gerling Street, Sheridan Plaza Schenectady, NY 12308	518-346-3334
Springville	15 Commerce Drive Springville, NY 14141	716-592-2409
Staten Island Community Clinic	1150 South Ave, 3rd Floor – Suite 301 Staten Island, NY 10314	718-761-2973
Thomas B. Noonan Community Clinic (Queens)	47-01 Queens Blvd, Room 301 Sunnyside, NY 11104	718-741-4800
Tompkins/Cortland County	1451 Dryden Road Freeville, NY 13068	607-347-4101
Troy VA Outpatient Clinic	295 River Street Troy, NY 12180	518-274-7707
Valley Stream Clinic	99 South Central Avenue Valley Stream, NY 11580	631-754-7978
	144 Eastern Blvd. Watertown, NY 13601	
	3458 Riverside Drive, Route 19 Wellsville, NY 14895 7426	
Watertown VA Outpatient Clinic	NYS Route 9N Westport, NY 12993	315-221-7026 Or 315-221-7026
Wellsville VA Outpatient Clinic	23 South Broadway White Plains, NY 10601	607-664-4660 Or 607-664-4660
Westport	124 New Main St. Yonkers, NY 10701	518-626-5236
White Plains Community Clinic	17 Computer Drive West Albany, NY 12205	914-421-1951 X 4300
Yonkers Community Clinic	100 West Main Street Babylon, NY 11702	914-375-8055 X 4400
Albany Vet Center	53 Chenango Street Binghamton, NY 13901	518-626-5130 Or 877-927-8387
Babylon Vet Center	2471 Morris Ave., Suite 1A Bronx, NY 10468	631-661-3930 Or 877-927-8387
Binghamton Vet Center	25 Chapel St. Suite 604 Brooklyn, NY 11201	607-722-2393
Bronx Vet Center	2372 Sweet Home Road, Suite 1 Buffalo, NY 14228	718-367-3500
Brooklyn Vet Center	2279 - 3rd Avenue, 2nd Floor New York, NY 10035	718-630-2830 Or 877-927-8387
Buffalo Vet Center	32 Broadway 2nd Floor - Suite 200 New York, NY 10004	716-862-7350
Harlem Vet Center	726 East Main Street, Suite 203 Middletown, NY 10940 970	646-273-8139 Or 877-927-8387
Manhattan Vet Center	South Broadway Hicksville, NY 11801	212-951-6866
Middletown Vet Center	75-10B 91 Avenue Woodhaven, NY 11421	845-342-9917
Nassau Vet Center	2000 S. Winton Road, Bldg 5, Ste. 201 Rochester, NY 14618	516-348-0088
Queens Vet Center	60 Bay Street Staten Island, NY 10301	718-296-2871 Or 877-927-8387
Rochester Vet Center	109 Pine Street, Suite 101 Syracuse, NY 13210	585-232-5040 Or 585-232-5040
Staten Island Vet Center	210 Court Street, Suite 20 Watertown, NY 13601	718-816-4499
Syracuse Vet Center	300 Hamilton Ave. Suite C White Plains, NY 10601	315-478-7127 Or 877-927-8387
Watertown Vet Center		315-782-5479
White Plains Vet Center		914-682-6250

## Veterans Benefits Administration - North Atlantic District

### Facility

New York Regional Benefit Office  
Buffalo Regional Benefit Office  
Intake Site At Fort Drum  
Albany Rural Cemetery Soldiers' Lot  
Bath National Cemetery  
Calverton National Cemetery  
Cypress Hills National Cemetery  
Gerald B. H. Solomon Saratoga National Cemetery  
Long Island National Cemetery  
Woodlawn National Cemetery

### Address

245 W Houston St. New York, NY 10014  
130 S. Elmwood Avenue Buffalo, NY 14202-2478  
Fort Drum Outbased Office/ Dept of VA Fort Drum, NY 13602  
Cemetery Avenue Albany, NY 12204  
VA Medical Center, San Juan Avenue Bath, NY 14810  
210 Princeton Boulevard Calverton, NY 11933  
625 Jamaica Avenue Brooklyn, NY 11208  
200 Duell Road Schuylerville, NY 12871-1721  
2040 Wellwood Avenue Farmingdale, NY 11735-1211  
1825 Davis Street Elmira, NY 14901

### Phone

800-827-1000  
800-827-1000  
518-581-9128  
607-664-4853  
631-727-5410  
631-454-4949  
518-581-9128  
631-454-4949  
607-732-5411

## New York State Department of Health - New York State Nursing Homes

### Facility

The New York State Veterans' Home at Oxford  
The New York State Veterans' Home at St. Albans  
The New York State Veterans' Home at Batavia  
The New York State Veterans' Home at Montrose  
Long Island State Veterans Home

### Address

4211 State Highway 220 Oxford, NY 13830  
178-50 Linden Boulevard Jamaica, NY 11434-1467  
220 Richmond Avenue Batavia, NY 14020  
Route 9A P.O. Box 188 Montrose, NY 10548  
100 Patriots Road Stony Brook, NY 11790-3300

### Phone

607-843-3121  
718-990-0353  
585-345-2049  
914-788-6000  
631-444-8387

# Pain Management

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Pain relief is an important part of your healthcare, your recovery and your comfort. Controlling pain can help you heal faster. Less pain will help you regain your strength more quickly and allow you to resume normal function sooner.

Pain Management is a way to recognize and treat discomfort that comes with diagnosis, disease or treatment. Our healthcare team will work closely with you to achieve a good level of comfort for you.

## **Here are some things you can do to help manage your pain while you are in the hospital.**

- Ask the team about level of pain or discomfort that you may experience.
- It is easier to prevent serious pain than to lessen it after it has taken hold.
- Ask about a plan for pain control.
- Request pain relief medicine when the discomfort first begins.
- If you know your pain will worsen when beginning activity or breathing exercises, take pain medication first.
- Discuss with your nurse or health care provider any concerns you may have about the use of pain medications.

## **Here are some other things to do to relieve pain that do not involve pain medicine.**

- Change your position often
- Apply ice/heat as prescribed by your doctor
- Use relaxation techniques, such as abdominal breathing and progressive muscle tension/relaxation; ask your nurse if you need help doing these
- Distraction techniques such as music, television, relaxation CDs, counting backwards, hand crafts, crossword puzzles, Sudoku, exercises and socializing via the phone and internet
- Schedule activities and rest periods
- Spiritual/pastoral care
- Counseling
- Tune into Channel 19 for the free relaxation television channel

Please alert the staff of pain that is not relieved by the above techniques, or if you are having breathing problems or other reactions that may be medicine related.

In order to stay on top of the pain, the staff will often ask what your level of pain is, even when you are resting, to make sure we know your response to the pain medicines we have given you.

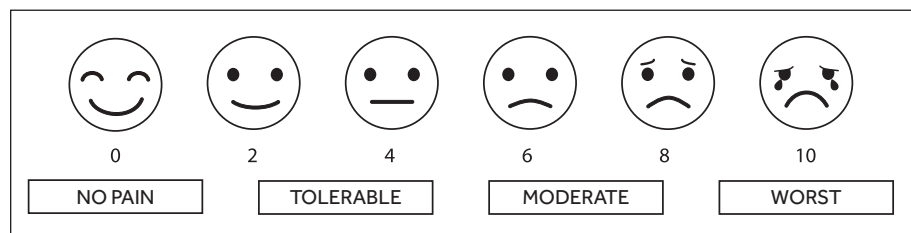
## Patient Pain Bill of Rights

As a patient at Stony Brook University Hospital, you can expect:

- To receive information regarding pain and the management of pain.
- A concerned staff committed to pain prevention.
- Dedicated healthcare professionals who respond quickly to reports of pain.
- State-of-the-art pain management
- Your expression of pain to be accepted and managed accordingly.

## Pain Scale

Please use a number from the scale to help describe your pain.



## Things You Can Do to Ensure Medication Safety

- Share with your healthcare provider a list of all your current medicines, vitamins, herbs and supplements.
- Know what medications you are receiving in the hospital and why you are receiving them.
- Ask your healthcare provider how a new medicine will help. Ask about possible side effects. Ask for written information about the medicine, including its brand and generic names.
- Tell your healthcare provider if you don't feel well after receiving a medicine. If you think you are having a reaction or experiencing side effects, ask for help immediately.
- Don't be afraid to tell your healthcare provider if you think you are about to get the wrong medicine.
- Remind your healthcare provider about allergies that you have or negative reactions you have had to other medicines.
- Be aware that your healthcare providers will be checking your wristband and asking your name and date of birth prior to procedures or administering medications.
- Before you leave the hospital, make sure that you understand all of the instructions for the medicines you will need to keep taking and the medicines you will no longer need to take.
- Ask any questions you may have about any of your medications.
- Read the label on your prescription medicine. Make sure that it has your name on it and the correct medicine name and dosage. Some medicines have similar names and can be easily confused with each other. Make sure that your medication looks the same as it normally does. If something doesn't match, ask your healthcare provider immediately.
- Take your medicine as prescribed, and do not stop taking it without first speaking with your healthcare provider.
- If you receive a prescription for antibiotics, use all the medication as prescribed until it is finished. Never use antibiotics prescribed for someone else or give someone else your medications.

# Preventing Blood Clots

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## **Keeping yourself safe from a blood clot: in the hospital and at home.**

Blood clots are one of the leading causes of death in the United States. When you are ill you are not very mobile and blood can pool in your veins and cause a clot. Some risk factors are being a patient in the hospital, having surgery or cancer and being pregnant. Having a personal or family history of blood clots also puts you at a higher risk.

Deep vein thrombosis (DVT) is a blood clot in a deep vein. DVTs usually occur in the legs, though they can occur in the arms or other deep veins in the body. These blood clots can be dangerous if they break off and travel to the lungs.

When this happens, it causes a serious, possibly life-threatening condition called a pulmonary embolism (PE).

Symptoms of a DVT can include new swelling, redness or warmth in your arm or leg. Symptoms of a PE can include shortness of breath, chest or back pain with a deep breath or a fast heart rate. Report any of these symptoms to your nurse right away. To help prevent a DVT/PE your healthcare team will order some prevention—usually a shot or pill and/or compression stockings on your legs or sequential compression devices on your legs or feet. Sequential compression devices (SCDs) gently squeeze the legs to improve blood flow and prevent clots from forming.

These should be worn anytime you are not walking. For more information, ask your nurse or provider.

# Notice of Privacy Practices

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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.

## **THE STONY BROOK ORGANIZED HEALTH CARE ARRANGEMENT**

The Stony Brook Organized Health Care Arrangement (SBOHCA) is formed for the sole purpose of facilitating compliance with the Health Insurance Portability and Accountability Act (HIPAA) and creates no legal representations, warranties, obligations or responsibilities beyond HIPAA compliance. The covered entities participating in the Organized Health Care Arrangement (OHCA) agree to abide by the terms of this notice with respect to protected health information (PHI) created or received by the covered entity as part of its participation in the OHCA. The covered entities of the SBOHCA include Stony Brook University Hospitals (SBUHs); the University Faculty Practice Corporations (UFPCs); SB Community Medical, P.C. (SBCM); Meeting House Lane Medical, P.C.; the Long Island State Veterans Home (LISVH); and several academic health professional schools including the School of Medicine, School of Dental Medicine, School of Nursing, School of Health Technology & Management, School of Social Welfare and the School of Pharmacy & Pharmaceutical Sciences and their employees, contracted professionals and students. The covered entities, which comprise the SBOHCA, are in numerous locations throughout the greater New York area. This notice applies to all these sites. The covered entities participating in the SBOHCA will share protected health information with each other, as necessary to carry out treatment, payment or healthcare operations relating to the OHCA. The covered entities that make up SBOHCA may have different policies and procedures regarding the use and disclosure of health information created and maintained in each of their facilities. Additionally, while all of the entities that make up SBOHCA will use this notice, voluntary members of the Medical Staff will use a Notice specific to their practice when they are providing services at their private practice sites. If you have questions about any part of this Notice or if you want more information about the SBOHCA covered entities, please contact the Privacy Officer at **631-444-5796**.

## **STONY BROOK ORGANIZED HEALTH CARE ARRANGEMENT (SBOHCA) MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR:**

**Treatment:** Your health information can be used and disclosed to provide you with medical treatment or services. We will disclose PHI about you to doctors, nurses, technicians, students in training programs or other personnel, volunteers, contracted individuals who are involved in your care and other healthcare providers such as your Primary Care Physician for continuity of your healthcare.

**Payment:** The covered entities of the SBOHCA will use and disclose your health information to other healthcare providers to assist in the payment of your bills. Your health information will also be used to send bills and collect payment from you, your insurance company or other payers, such as Medicare for the care, treatment and other related services you receive. We may inform your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

**Operations:** Your health information can be used and disclosed for healthcare operational purposes. For example, information from medical records is used to achieve and maintain accreditation and certification.

**Consent:** In New York State your general consent is required for treatment and payment. Once you sign the general consent, it will be in effect indefinitely until you withdraw/revoke your general consent. To withdraw/ revoke your general consent at any time, you must submit your request in writing to the Privacy Office. Please contact the Privacy Officer at **631-444-5796** for instructions/options for submitting your written request to withdraw/revoke your consent. Once you withdraw/ revoke your consent, the individual entity or entities of the SBOHCA will no longer be able to provide you treatment, and use and disclose your health information, except to the extent that the individual entity or entities of the SBOHCA have already relied on your consent. For example, if a SBOHCA entity provided you treatment before you withdraw/revoke your general consent, the SBOHCA entity may still share your health information with your insurance company in order to obtain payment for that treatment.



## **SBOHCA entities will obtain your authorization for the following uses and disclosure of your health information:**

**Psychotherapy Notes:** Any use and disclosure of psychotherapy notes other than to provide treatment, obtain payment and perform healthcare operations requires your authorization.

**Sale of PHI:** The individual entity or entities of the SBOHCA are required to obtain your authorization for any use and disclosure of your PHI for which the individual entity or entities of the SBOHCA is receiving any form of incentive or payment. **SBOHCA entities will provide you with an opportunity to agree or object to the following use and disclosure of your health information (unless you are incapacitated, otherwise unable to reply or in the case of an emergency):**

**Patient Directory:** For hospitalized patients, your name, the unit where you are located, general medical status and religious affiliation may be listed in the patient directory. Information such as your location or condition may be provided as appropriate to members of the clergy, your family members, visitors and members of the press who ask for you by name. If you do not want us to list this information in the patient directory or provide it to clergy or others, you must request to speak to the Assistant Director of Nursing (ADN) on duty at any time during your hospitalization.

**Communication With Those Involved in Your Care:** The individual entities of the SBOHCA may use and disclose your health information to notify or assist in notifying a family member, other relative or a close personal friend about your general condition, other information as needed to participate in the provisions of your healthcare or in the event of your death. If you are unable or unavailable to agree or object to these communication(s), our health professionals will use their best judgment in communicating with your family and others.

**Emergencies, Disaster Relief:** The individual entities of the SBOHCA may use and disclose your health information to a public or private entity authorized to assist in an emergency or disaster relief effort.

**Deceased Individuals:** The individual entities of the SBOHCA may use and disclose a decedent's health information to family members, other relatives or a close personal friend who were involved in providing and/or paying for healthcare received by the decedent and is relevant to such person's involvement in the decedent's healthcare; unless in doing so would be inconsistent with any prior expressed preference made by the decedent to the SBOHCA entity.

## **SBOHCA entities are not required to provide you with an opportunity to agree or object to the following use and disclosure of your health information:**

**Required by Law:** The individual entities of the SBOHCA may use and disclose your health information to comply with state and federal law(s). For example, a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or to an employer about an employee relating to medical surveillance or work-related illness or injury.

**Health Oversight Activities/Judicial Matters:** The individual entities of the SBOHCA may disclose your health information for audits, investigations, inspections, licensure, certification, the identification of individual(s) involved in a law enforcement investigation or related activities, or to reply to a subpoena or summons.

**Deceased Person/Organ Donation Information or Personal Health and Safety:** The individual entities of the SBOHCA may disclose your health information to coroners, medical examiners and funeral directors; organizations involved in procuring, banking or transplanting organs and tissues; and in order to prevent or lessen a threat to the health and safety of a person or the public.

**Specialized Government Functions or Worker's Compensation:** The individual entities of the SBOHCA may disclose your information for: military and veterans activities; national security and intelligence activities; and correctional or other law enforcement custodial situations. We may also disclose your health information as necessary to comply with worker's compensation laws.

**Research:** The individual entities of the SBOHCA may use and disclose your health information for research, regardless of the source of funding, for research as approved by the appropriate Institutional Review Board (IRB) or any applicable waivers.

**Marketing and Fundraising:** The individual entities of the SBOHCA may contact you to give information about other treatment or health-related benefits and services that may be of interest to you. Additionally, SBOHCA entities may contact you to participate in marketing or fundraising activities. You have the choice of opting out of receiving marketing and fundraising information. The SBOHCA entities will not sell your health information to a third party for the purposes of marketing or fundraising or accept payment from a third party to use your health information to market a product or service or for fundraising activities. To opt out of fundraising or marketing you may either call the Privacy Officer at **631-444-5796** or email your request including your name and date of birth to **HIPAA@stonybrookmedicine.edu**.

**Change of Ownership:** In the event that an individual entity (or entities) of the SBOHCA is sold or divested, your health information will become the property of the new owner/entity and will be subject to their policies on health information as well as federal and state laws.

**Incidental Disclosures:** The individual entities of the SBOHCA will take reasonable steps to protect the privacy of your health information; however, certain incidental uses and disclosures of your health information may occur as a result of permitted uses and disclosures that are otherwise limited in nature and cannot be reasonably prevented. For example, discussions about your health information may be overheard by another person.

## **YOUR HEALTH INFORMATION RIGHTS**

**Receive Confidential Communications:** You have the right to request that you receive your health information through a reasonable alternative means or at an alternative location. For example, you can provide us with your cell phone number as your primary number instead of home phone number or use a P.O. Box instead of home mailing address as your primary address.

**Restrict Use/Disclosure:** You have the right to submit a written request to restrict certain uses and disclosures of your health information. Although we will attempt to accommodate your request, the individual entities of the SBOHCA are not required to agree to or fulfill the restriction requested; except a request to restrict disclosure of your health information to your health plan/ insurance if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which out-of-pocket payment in full has been obtained at the time the service is provided.

**Inspect and Copy:** You have the right to submit a written, original signed request to inspect or to receive a copy of your health information. The individual entities of the SBOHCA have policies and procedures to provide you proper access to inspect or receive a copy of your health information. If your health information is maintained in electronic format, you may request an electronic copy of your health information instead of a paper copy. A CD containing your requested electronic health information will be provided to you. If you request a copy of your health information, we may charge you a reasonable fee for the copies.

**Amend/Correct Information:** You have the right to submit a written request to amend/correct your health information. The individual entities of the SBOHCA are not required to make the requested change to your health information. A written response to your request will be provided to you, and if your request is denied, the response will include the reason for the denial and information about how you can appeal the denial.

**Receive an Accounting of Disclosures:** You have the right to submit a written request to receive an accounting of disclosures of your health information made by the individual entities of the SBOHCA. We do not have to account for all disclosures of your health information. For example, an accounting of disclosures is not required for disclosures related to treatment, payment, healthcare operations, information that was provided to you, information that was disclosed with your written authorization/permission and disclosures required by state or federal law.

**Detailed Explanation of Rights:** You have the right to receive a paper copy of this Notice of Privacy Practices. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of the rights, contact the Privacy Office at **631-444-5796** or visit the website at: **stonybrookmedicine.edu/patientcare/patientprivacy**.

**SBOHCA Duties:** The individual entities of the SBOHCA will notify you, as required by law, following a breach of your protected health information.



## **CHANGES TO THIS JOINT NOTICE OF PRIVACY PRACTICES**

The individual entities of the SBOHCA are required by law to comply with this Notice of Privacy Practices. This notice can be revised and will be made available upon verbal or written request at any individual SBOHCA entity site or by contacting the Privacy Officer at **631-444-5796**, via email at **HIPAA@stonybrookmedicine.edu** or you can access it online at: **stonybrookmedicine.edu/patientcare/patientprivacy**.

## **COMPLAINTS**

Complaints about this Notice or how the individual entities of the SBOHCA handle your health information should be directed to the Privacy Officer at **631-444-5796** or via email at **HIPAA@stonybrookmedicine.edu**. No one will retaliate or take action against you for filing a complaint. If you think any of the individual entities of the SBOHCA may have violated your privacy rights, you may file a complaint with the Department of Health and Human Services, Office for Civil Rights at:

**<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>** or by calling **800-368-1019**.

Effective date of Original Notice: April 14, 2003

Effective date of Amended Notice: September 23, 2013

Effective date of Amended Notice: August 22, 2016

Effective date of Amended Notice: August 1, 2017

Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer. For accessibility-related accommodations, please call **631-444-4000**.

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# Your Rights and Protections Against Surprise Medical Bills

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When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

## What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain **out-of-pocket costs**, like a **copayment**, **coinsurance**, or **deductible**. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

## You're protected from balance billing for:

### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or hospital, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in a stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services. If your insurance ID card says "fully insured coverage," you **can't** give written consent and give up your protections not to be balance billed for post-stabilization services.

### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, and intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed. 12/17/21

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections. If your insurance ID card says "fully insured coverage," you **can't** give up your protections for these other services if they are a surprise bill. Surprise bills are when you're at an in-network hospital or ambulatory surgical facility and a participating doctor was not available, a non-participating doctor provided services without your knowledge, or unforeseen medical services were provided.

### **Services referred by your in-network doctor**

If your insurance ID card says “fully insured coverage,” surprise bills include when your in-network doctor refers you to an out-of-network provider without your consent (including lab and pathology services). These providers **can’t** balance bill you and may **not** ask you to give up your protections not to be balance billed. You may need to sign a form (available on the Department of Financial Services’ website) for the full balance billing protection to apply.

**You’re never required to give up your protections from balance billing. You also aren’t required to get out-of-network care. You can choose a provider or facility in your plan’s network.**

### **When balance billing isn’t allowed, you also have these protections:**

- You’re only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as “prior authorization”).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

**If you think you’ve been wrongly billed and your coverage is subject to New York law** (“fully insured coverage”), contact the New York State Department of Financial Services at **(800) 342-3736** or **surprisemedicalbills@dfs.ny.gov**. Visit <http://www.dfs.ny.gov> for information about your rights under state law.

Contact CMS at **1-800-985-3059** for self-funded coverage or coverage bought outside New York.

Visit <http://www.cms.gov/nosurprises/consumers> for information about your rights under federal law.

*Revision Date December 20, 2021*

## VII. Questions About Your Rights

If you have any questions regarding any of your rights or if you need help resolving a problem, please contact Stony Brook University Hospital's Department of Patient Advocacy at **631-444-2880**. A patient advocate is here to help answer your questions about your hospitalization and provide a channel through which you can voice your concerns.

You can also seek help by contacting the **New York State Department of Health at 800-804-5447** or via email at **hospinfo@health.state.ny.us**.

The Joint Commission is another resource for providing assistance to patients. You can reach The Joint Commission in the following ways:

**Online:** [jointcommission.org/report\\_a\\_complaint.aspx](http://jointcommission.org/report_a_complaint.aspx)

**Email:** [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

**Phone:** 800-994-6610

**Fax:** 630-792-5636

**Mail:** Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181

## VIII. Helpful Phone Numbers

Financial Assistance Program .....	631-444-4331
• Extended Time Payments .....	631-444-4140
HealthConnect .....	631-444-4000
Patient Advocacy .....	631-444-2880
Patient Billing / Hospital Services .....	631-444-4151
Patient Financial Services (Including Medicaid Applications) .....	631-444-7583
Physician Billing .....	631-444-4800
PreRegistration .....	631-444-1870
Switchboard .....	631-689-8333









# Stony Brook Medicine

[stonybrookmedicine.edu](http://stonybrookmedicine.edu)



Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer.

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