



***BE AN  
ACTIVE PARTNER  
IN YOUR HEALTH CARE***

**IMPORTANT INFORMATION ON:**

- YOUR RIGHTS AS A PATIENT
- DECIDING ABOUT MEDICAL TREATMENT
- ADVANCE DIRECTIVES
- DO NOT ATTEMPT TO RESUSCITATE
- HEALTH CARE PROXY
- LIVING WILL
- OTHER HEALTH CARE CONCERNS

# About Your Rights

**As a person receiving care in New York State, you have certain rights and protections guaranteed by state and federal laws.** These regulations exist to help ensure the quality and safety of your care. To help you understand your rights, Bassett Healthcare developed this booklet.

**Keep this booklet for reference.** Review it carefully and share the information with family and friends involved in your care.

You have the right to participate in decisions about your health care and to understand what you are being told about your care and treatment. For example, you are entitled to a clear explanation of tests, treatments and drugs prescribed for you. Don't hesitate to ask questions of your doctor, nurse or other staff members. **You have a right to know what's going on.**

**Every person is unique, every visit is different.** It is important to know what specific rights apply to you and what to do if you feel you need help. Some rights and protections depend on receiving correct written notices and knowing when and where to call or write for help.

**If you have a problem or if you don't understand something, speak to your nurse, doctor, social worker or patient representative. They can:**

- help you get answers;
- arrange for special help;

- make contacts with your family;
- get foreign language and sign language interpreters; and
- generally, make your hospital stay easier.

## **ABOUT YOUR SPECIAL NEEDS**

**Each health care facility must make available staff to explain or answer questions about your rights and to provide information on how you can protect those rights.**

- If you are hearing or vision impaired, or if English is not your first language, skilled interpreters must be provided to assist you in exercising your rights. Translations and/or transcriptions of important forms, instructions and information must be provided to you if you feel you need them.

**But you must speak up and ask questions.**

You can contact a patient representative before your appointment to be sure your special arrangements are made when you get there.

- If you have a question about any of the information in this booklet or feel that your needs have not been adequately met, ask the patient representative or other hospital staff person for further explanation.

## PATIENT'S BILL OF RIGHTS

**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, 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.
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. A no smoking room.
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 "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. 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. 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. 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 Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

*Public Health Law (PHL) 2803 (1) (g) Patients' Rights, 10NYCRR, 405.7, 405.7 (a)(1), 405.7 (a)(2)*

# Planning in Advance for Your Medical Treatment

## Your Right to Decide About Treatment

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Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. Our constitution and state laws protect this right. This means that you have the right to request or consent to treatment, to refuse treatment before it has started and to have treatment stopped once it has begun.

## Planning in Advance

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Sometimes because of illness or injury people are unable to talk to a doctor and decide about treatment for themselves. You may wish to plan in advance to make sure that your wishes about treatment will be followed if you become unable to decide for yourself for a short or long time period. If you don't plan ahead, family members or other people close to you may not be allowed to make decisions for you and follow your wishes.

In New York State, appointing someone you can trust to decide about treatment if you become unable to decide for yourself is the best way to protect your treatment wishes and concerns. You have the right to appoint someone by filling out a form called a Health Care Proxy. A copy of the form and information about the Health Care Proxy are available from your health care provider.

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures," the instructions may not be specific enough. You should say the kind of

treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions orally by discussing your treatment wishes with your doctor, family members or others close to you.

Putting things in writing is safer than simply speaking to people, but neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted or that are best for you, when needed. If you appoint someone and also leave instructions about treatment in a Living Will, in the space provided on the Health Care Proxy form itself, or in some other manner, the person you select can use these instructions as guidance to make the right decision for you.

## Deciding About Cardiopulmonary Resuscitation

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Your right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (CPR). CPR is emergency treatment to restart the heart and lungs when your breathing and circulation stops.

Sometimes doctors and patients decide in advance that CPR should not be provided, and the doctor gives the medical staff an order not to resuscitate (DNR) order. If your physical or mental condition prevents you from deciding about CPR, someone you appoint, your family members or others close to you can decide.

## Be Involved!

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In the next few pages, we provide information about Health Care Proxies. If you have a Health Care Proxy, please give it to your doctor or nurses.

## ***Appointing Your Health Care Agent***

### **NEW YORK STATE'S PROXY LAW**

A law called the New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend — to decide about treatment if you lose the ability to decide for yourself. You can do this by using a Health Care Proxy form like the one inside, to appoint your “health care agent.”

This law gives you the power to make sure that health care professionals follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors, and other health care providers must follow your agent's decisions as if they were your own.

You can give the person you select, your health care agent, as little or as much authority as you want. You can allow your agent to decide about all health care or only certain treatments. You may also give your agent instructions that he or she has to follow.

#### **Why should I choose a health care agent?**

If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. However, in New York State, only a health care agent you appoint has the legal authority to make treatment decisions if you are unable to decide for yourself. Appointing an agent lets you control your medical treatment by:

- allowing your agent to make health care decisions on your behalf as you would want them decided;
- choosing one person to make health care decisions because you think that person would make the best decisions;
- choosing one person to avoid conflict or confusion among family members and/or significant others.

You may also appoint an alternate agent to take over if your first choice cannot make decisions for you.

#### **Who can be a health care agent?**

Anyone 18 years of age or older can be a health care agent. The person you are appointing as your agent or your alternate agent cannot sign as a witness on your Health Care Proxy form.

#### **How do I appoint a health care agent?**

All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer or a notary, just two adult witnesses. Your agent cannot sign as a witness. You can use the form printed here, but you don't have to use this form.

#### **When would my health care agent begin to make health care decisions for me?**

Your health care agent would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.

#### **What decisions can my health care agent make?**

Unless you limit your health care agent's authority, your agent will be able to make any health care decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes from what you have said or what you have written. The Health Care Proxy form does

not give your agent the power to make non-health care decisions for you, such as financial decisions.

### **Why do I need to appoint a health care agent if I'm young and healthy?**

Appointing a health care agent is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as might occur if you are under general anesthesia or have become comatose because of an accident). When you again become able to make your own health care decisions, your health care agent will no longer be authorized to act.

### **How will my health care agent make decisions?**

Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your Health Care Proxy form or simply discuss them with your agent.

### **How will my health care agent know my wishes?**

Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care agent, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- whether you would want life support initiated/continued/removed if you are in a permanent coma;
- whether you would want treatments initiated/continued/removed if you have a terminal illness;
- whether you would want artificial nutrition and hydration initiated/withheld or continued or withdrawn and under what types of circumstances.

### **Can my health care agent overrule my wishes or prior treatment instructions?**

No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed

particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

### **Who will pay attention to my agent?**

All hospitals, nursing homes, doctors and other health care providers are legally required to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment) they must tell you or your agent BEFORE or upon admission, if reasonably possible.

### **What if my health care agent is not available when decisions must be made?**

You may appoint an alternate agent to decide for you if your health care agent is unavailable, unable or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

### **What if I change my mind?**

It is easy to cancel your Health Care Proxy, to change the person you have chosen as your health care agent or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your Health Care Proxy expires on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent or as your alternate, and you get divorced or legally separated, the appointment is automatically canceled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

**Can my health care agent be legally liable for decisions made on my behalf?**

No. Your health care agent will not be liable for health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

**Is a Health Care Proxy the same as a living will?**

No. A living will is a document that provides specific instructions about health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, a Health Care Proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

**Where should I keep my Health Care Proxy form after it is signed?**

Give a copy to your agent, your doctor, your attorney and any other family members or close friends you want. Keep a copy in your wallet or purse or with other important papers, but not in a location where no one can access it, like a safe deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery.

**May I use the Health Care Proxy form to express my wishes about organ and/or tissue donation?**

Yes. Use the optional organ and tissue donation section on the Health Care Proxy form and be

sure to have the section witnessed by two people. You may specify that your organs and/or tissues be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy. Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ and/or tissue donor.

**Can my health care agent make decisions for me about organ and/or tissue donation?**

No. The power of a health care agent to make health care decisions on your behalf ends upon your death. Noting your wishes on your Health Care Proxy form allows you to clearly state your wishes about organ and tissue donation

**Who can consent to a donation if I choose not to state my wishes at this time?**

It is important to note your wishes about organ and/or tissue donation so that family members who will be approached about donation are aware of your wishes. However, New York Law provides list of individuals who are authorized to consent to organ and/or tissue donation on your behalf. They are listed in order of priority: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

## About the Health Care Proxy Form

This is an important legal document. Before signing, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
4. You may write on this form examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.
5. You do not need a lawyer to fill out this form.
6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at the facility to explain those restrictions.
7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.
8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.
9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, nor will your agent have any power to object.
10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing.
11. Appointing a health care agent is voluntary. No one can require you to appoint one.
12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

# Health Care Proxy Form Instructions

## Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent.

## Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

## Item (3)

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

## Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: *I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.*

If you wish to make more specific instructions, you could say:

*If I become terminally ill, I do/don't want to receive the following types of treatments....*

*If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following types of treatments:....*

*If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want the following types of treatments:....*

*I have discussed with my agent my wishes about \_\_\_\_\_ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

## Item (5)

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

## Item (6)

You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent's authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

## Item (7)

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.

# Health Care Proxy

(1) I, \_\_\_\_\_  
hereby appoint \_\_\_\_\_  
*(name, home address and telephone number)*

\_\_\_\_\_

\_\_\_\_\_

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

**(2) Optional: Alternate Agent**

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint \_\_\_\_\_  
*(name, home address and telephone number)*

\_\_\_\_\_

\_\_\_\_\_

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

**(3)** Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions):*

\_\_\_\_\_

\_\_\_\_\_

**(4)** Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line)*, your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

**(5) Your Identification** *(please print)*

Your Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Address \_\_\_\_\_

**(6) Optional: Organ and/or Tissue Donation**

I hereby make an anatomical gift, to be effective upon my death, of:  
(check any that apply)

~ Any needed organs and/or tissues

~ The following organs and/or tissues

\_\_\_\_\_

~ Limitations

\_\_\_\_\_

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

\_\_\_\_\_

( Signature )

\_\_\_\_\_

( Date )

**(7) Statement by Witnesses** *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness 1

Name of Witness 2

*(print)* \_\_\_\_\_ *(print)* \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of New York  
George E. Pataki, Governor

Department of Health  
Antonia C. Novello, M.D., M.P.H., Dr.P.H., Commissioner

# A LIVING WILL

**Instructions: This is an important legal document. It sets forth your directions regarding medical treatment. You have the right to refuse treatment you do not want, and you may request the care you do want. You may make changes in any of these directions, or add to them to conform them to your personal wishes.**

I, \_\_\_\_\_, being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my Medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below.

I direct my attending physician and other medical personnel to withhold or withdraw treatment that serves only to prolong the process of my dying, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery.

These instructions apply if I am in a terminal condition; permanently unconscious; or if I am conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about future treatments, if I am in the condition(s) described above, I feel especially strong about the following forms of treatment.

- |  |  |
|--|--|
| ~ I do not want cardiac resuscitation. | ~ I do want maximum pain relief which may include artificial hydration for this purpose. |
| ~ I do not want mechanical respiration |  |
| ~ I do not want tube feeding.          |  |
| ~ I do not want antibiotics.           |  |

Other directions (insert personal instructions): \_\_\_\_\_

These directions express my legal right to refuse treatment, under the law of New York. I intend my instructions to be carried out, unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**Sign and date in the presence of two adult witnesses who should also sign. (If you are also completing a Health Care Proxy, your Agents cannot also serve as witnesses.) Keep the signed original with your personal papers at home. Give copies of the signed original to your doctor, family, lawyer, hospital, nursing home, and others who might be involved in your care.**

This Living Will has been prepared to conform with New York State law as set forth in the case of *In re Westchester County Medical Center*, 72 N.Y.2d 517 (1988). In that case the court approved the use of a Living Will, stating that the "ideal situation is one in which the patient's wishes were expressed in some form of writing, perhaps a 'living will.'"

# Deciding about CPR: Do-Not-Resuscitate (DNR) Orders

## *A Guide for Patients and Families*

### **What do CPR and DNR orders mean?**

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CPR — cardiopulmonary resuscitation — refers to the medical procedures used to restart a patient's heart and breathing when the patient suffers heart failure. CPR may involve simple efforts such as mouth-to-mouth resuscitation and external chest compression. Advanced CPR may involve electric shock, insertion of a tube to open the patient's airway, injection of medication into the heart and in extreme cases, open chest heart massage.

A do-not-resuscitate (DNR) order tells medical professionals not to perform CPR. This means that doctors, nurses, and emergency medical personnel will not attempt emergency CPR if the patient's breathing or heartbeat stops.

DNR orders may be written for patients in a hospital or nursing home, or for patients at home. Hospital DNR orders tell the medical staff not to resuscitate the patient if cardiac arrest occurs. If the patient is in a nursing home or at home, a DNR order tells the staff and emergency medical personnel not to perform emergency resuscitation and not to transfer the patient to a hospital for CPR.

### **Why are DNR orders issued?**

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CPR, when successful, restores heartbeat and breathing and allows a patient to resume his/her previous lifestyle. The success of CPR depends on the patient's overall medical condition. Age alone does not determine whether CPR will be successful, although illnesses and frailties that go along with age often make CPR less successful.

When patients are seriously ill or terminally ill, CPR may not work or may only partially work, leaving the patient brain-damaged or in a worse medical state than before the heart stopped. In these cases, some patients prefer to be cared for without aggressive efforts at resuscitation.

### **Can I request a DNR order?**

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Yes. All adult patients can request a DNR order. If you are sick and unable to tell your doctor that you want a DNR order written, a family member or close friend can decide for you.

### **Is my right to request or receive other treatment affected by a DNR order?**

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No. A DNR order is only a decision about CPR and does not relate to any other treatment.

### **Are DNR orders ethically acceptable?**

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It is widely recognized by health care professionals, clergy, lawyers and others that DNR orders are medically and ethically appropriate under certain circumstances. For some patients, CPR offers more burdens than benefits, and may be against the patient's wishes.

### **Is my consent required for a DNR order?**

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Your doctor must speak to you before entering a DNR order if you are able to decide, unless your doctor believes that discussing CPR with you would cause you severe harm. In an emergency, it is assumed that all patients would consent to CPR. However, if a doctor believes that CPR will not work, it is not provided.

## **How can I make my wishes about DNR known?**

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During hospitalization, an adult patient may consent to a DNR order orally or in writing, if two adult witnesses are present. When consent is given orally, one of the witnesses must be a physician affiliated with the hospital. Prior to hospitalization, consent must be in writing in the presence of two adult witnesses. In addition, the Health Care Proxy Law allows you to appoint someone you trust to make decisions about CPR and other treatments if you become unable to decide for yourself.

Before deciding about CPR, you should speak with your doctor about your overall health and the benefits and burdens CPR would provide you. A full and early discussion between you and your doctor will assure that your wishes will be known.

## **If I request a DNR order, must my doctor honor my wishes?**

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If you don't want CPR and you request a DNR order, your doctor must follow your wishes or:

- transfer your care to another doctor who will follow your wishes; or
- begin a process to settle the dispute if you are in a hospital or nursing home.

If the dispute is not resolved within 72 hours, your doctor must enter the order or transfer you to the care of another doctor.

## **If I am not able to decide about CPR for myself, who will decide?**

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First, two doctors must determine that you are unable to decide about CPR. You will be told of this determination and have the right to object.

If you become unable to decide about CPR, and you did not tell your doctor or others about your wishes in advance, a DNR order can be written with the consent of the person highest on the following list:

- your health care agent — the person chosen by you to make health care decisions under New York's Health Care Proxy Law (if you have appointed one);
- a court appointed guardian (if there is one);
- your closest relative (spouse, child, parent, sibling);
- a close friend.

## **How can I select someone to decide for me?**

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The Health Care Proxy Law allows adults to select someone they trust to make health care decisions for them when they are no longer able to do so themselves, including decisions about CPR. You can name someone by filling out a health care proxy form.

## **Under what circumstances can a family member or close friend decide that a DNR order should be written?**

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A family member or close friend can consent to a DNR order only when you are unable to decide for yourself and you have not appointed a health care agent to decide for you. Your family member or friend can consent to a DNR order when:

- you are terminally ill; or
- you are permanently unconscious; or
- CPR will not work (would be medically futile); or
- CPR would impose an extraordinary burden on you given your medical condition and the expected outcome of CPR.

Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or if your wishes are not known, on your best interests.

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### **What if members of my family disagree?**

In a hospital or nursing home, your family can ask that the disagreement be mediated. Your doctor can request mediation if he or she is aware of any disagreement among your family members.

### **What if I lose the ability to make decisions about CPR and do not have anyone who can decide for me?**

A DNR order can be written if two doctors decide that CPR would not work if a court approves of the DNR order. It would be best if you discussed your wishes about CPR with your doctor in advance.

### **Who can consent to a DNR order for children?**

A DNR order can be entered for a child with the consent of the child's parent or guardian. If the child is old enough to understand and decide about CPR, the child's consent is also required for a DNR order.

### **What happens if I change my mind after a DNR order has been written?**

You or anyone who consents to a DNR order for you can revoke consent for the order by telling your doctor, nurses or others of the decision.

### **What happens to a DNR order if I am transferred from a nursing home to a hospital or vice versa?**

The DNR order will continue until a doctor examines you and decides whether the order should remain or be canceled. If the doctor decides to cancel the DNR order, you or anyone who decided for you will be told and can ask that the DNR order be entered again.

### **If I am at home with a nonhospital DNR order, what happens if a family member or friend panics and calls an ambulance to resuscitate me?**

If you have a nonhospital DNR order and family members show it to emergency personnel, they will not try to resuscitate you or take you to a hospital emergency room for CPR.

### **What happens to my DNR order if I am transferred from a hospital or nursing home to home care?**

The order issued for you in a hospital or nursing home will not apply at home. You, your health care agent or family member must specifically consent to a nonhospital DNR order. If you leave a hospital or nursing home without a nonhospital DNR order, a DNR order can be issued by a doctor for you at home.

*Patients are provided with information developed by the State Health Department that describes the Do-Not-Resuscitate law. It must also be furnished to each member of the hospital's staff involved in the provision of medical care, and it must also be posted in a public place in each hospital.*

*Patient Self-Determination Act in OBRA '90 amending 1902 (a)(58) of Social Security Act Public Health Law 2979*

## You Have The Right to File A Complaint About:

### • Doctors or Physician Assistants

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If you feel that you have received incompetent, negligent or fraudulent care from a doctor or physician assistant, you may file a report with the New York State Department of Health Office of Professional Misconduct (OPMC). OPMC investigates all reports of possible professional misconduct by physicians and physician assistants. Reports must include the full name and address of the doctor or physician assistant and all relevant information and must be made in writing to:

New York State Department of Health  
Office of Professional Misconduct  
Hedley Park Place, Suite 303  
433 River Street  
Troy, New York 12180-2299

Reports are kept confidential. An investigation may result in a formal hearing before a committee of the board for Professional Medical Conduct. The board consists of physicians and consumer members appointed by the Commissioner of Health.

### • Other Health Care Professionals

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If you feel you received incompetent, negligent or fraudulent care from any other licensed health care professionals, such as nurses, dentists, social workers, optometrists, psychologists, physical or occupational therapists and podiatrists, you may file a complaint by contacting:

New York State Education Department  
Office of Professional Discipline  
One Park Avenue  
New York, New York 10016  
(800) 442-8106

## Concerns/Problems/Complaints About Your Medical Care

If you have a concern, problem or complaint related to any aspect of care, speak to your doctor, nurse or other staff member. If the problem cannot be resolved by the staff, you may contact the New York State Department of Health office in your area for assistance. This area office can advise you about what to do if you have specific complaints, problems or questions best handled by another agency. The addresses and telephone numbers of the New York State Department of Health area offices follow:

### WESTERN REGION

Buffalo Office  
584 Delaware Avenue  
Buffalo, NY 14202-2099  
(716) 847-4357

Rochester Office  
42 South Washington Street  
Rochester, NY 14608-2099  
(716) 423-8053

### METROPOLITAN REGION

New York City Office  
5 Penn Plaza  
New York, NY 10001-1803  
(212) 613-4855

New Rochelle Office  
145 Huguenot Street - 6<sup>th</sup> Floor  
New Rochelle, NY 10801-5291  
(914) 632-3701

Hauppauge Office  
300 Motor Parkway  
Hauppauge, NY 11788  
(516) 231-1880

Syracuse Office  
217 South Salina Street  
Syracuse, NY 13202-3592  
(315) 426-7696

Northeastern Office  
Frear Building  
2 Third Street - 2<sup>nd</sup> Floor  
Troy, NY 12180-3298  
(518) 271-2680

## Questions or Complaints About Your Bill/Health Insurance

- You are entitled to an itemized bill.
- Hospitals and clinics may negotiate payment rates with insurers, HMOs and other types of managed care plans. These rates may vary and your insurer can answer any question you may have regarding your coverage.
- There are many variations in insurance policies and plans. If you still have questions, do not hesitate ask questions of your hospital and of your insurance company. It is your right.
- **If you have questions about your coverage, the services billed or amounts paid, you should work with the hospital's billing office and your insurer to resolve any questions/problems that you may have.**

### ***For Medicare Patients...***

If you are a Medicare patient and have questions about your hospital bill, you may call:

**1-800-331-7767**

### ***For Managed Care Patients...***

If you are enrolled in a managed care plan and you are having trouble getting care or feel your care is not good, you can complain to the plan. The plan's handbook **MUST** tell you how to complain and how to get an immediate review. You may also place a complaint by calling:

**1-800-206-8125**

## Access to Your Medical Records

**New York State law requires all health care practitioners and facilities to grant patients access to their own medical records** (there are a few exceptions). Patients may request information, as may parents or guardians who have authorized their child's care.

If you **want to see** your medical records, ask your doctor and/or the director of medical records at the medical facility. New York State law guarantees you the opportunity to inspect your medical records within 10 days of your request.

If you **want to have a copy** of your medical records, you must submit a written request to the hospital. Address the request to the

director of medical records at the medical facility. If you request a copy of your records, the facility may charge you up to 75 cents per page.

If the medical facility fails to acknowledge or act on your request, you may complain to your local New York State Department of Health Office.

If you have been denied access to all or part of your records, or if you would like more information, write to the New York State Department of Health office in your area for assistance. The complete listing of these offices with addresses and telephone numbers is provided on the preceding page.