This booklet contains important information regarding patients’ rights as well as the policies and procedures in place at our hospitals. Please see the booklet in the back of this guide if you would like information specific to your hospital.

ABOUT US
St. Peter’s Health Partners was created in 2011 through the merger of Northeast Health, St. Peter’s Health Care Services and Seton Health. Today, St. Peter’s Health Partners employs more than 12,500 individuals at more than 175 locations delivering high-quality, person-centered care to approximately 5,000 individuals each and every day.

OUR HOSPITALS
Albany Memorial Hospital
600 Northern Blvd., Albany
(518) 471-3221

St. Mary’s Hospital
1300 Massachusetts Ave., Troy
(518) 268-5000

St. Peter’s Hospital
315 South Manning Blvd., Albany
(518) 525-1550

Samaritan Hospital
2215 Burdett Ave., Troy
(518) 271-3300

Sunnyview Rehabilitation Hospital
1270 Belmont Ave., Schenectady
(518) 382-4500

OUR MISSION
We, St. Peter’s Health Partners and Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities. Founded in community-based legacies of compassionate healing, we provide the highest quality comprehensive continuum of integrated health care, supportive housing and community services, especially for the needy and vulnerable.

OUR CORE VALUES
Reverence — We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor — We stand with and serve those who are poor, especially those most vulnerable.

Justice — We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship — We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity — We are faithful to who we say we are.

Our hospitals follow the moral and ethical positions of the Catholic Church and professional standards. If the hospital is unable to provide certain requested services, you will be notified immediately so that alternative arrangements for your health care can be made.
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This book provides important information
for the patient and family about St. Peter’s Health Partners.
EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)
If you have any medical emergency or are in labor, you have the right to receive, within the capabilities of this hospital’s staff and facilities (A) an appropriate medical screening examination, (B) necessary stabilizing treatment (including treatment for an unborn child) and, if necessary, (C) an appropriate transfer to another facility, even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid.

NYS CAREGIVER ADVISE, RECORD AND ENABLE (CARE) ACT
The CARE Act, which went into effect in April 2016, allows a hospital patient to list a family caregiver in his or her medical records. This designated caregiver is someone who will help you take care of yourself after you go home. He or she must be given information before you are discharged including instructions for tasks you may need such as care of a tube or drain, wound bandage changes and taking medications. Your caregiver may also need to help you with personal care such as bathing, moving around, and going to the bathroom.

Your caregiver will need to be given access to your personal health information to assist with your care. As the patient, you will be asked to provide consent to allow this sharing of information with the caregiver you choose.

In support of this law, your health care team will:
• Ask you to name at least one caregiver.
• Notify you and your caregiver of your anticipated discharge date.
• Provide a list of tasks that your caregiver will need to perform when you go home.
• Arrange for your caregiver to come to the hospital so that your health care team can teach him or her how to perform these care tasks. (Your caregiver will be able to ask questions.)
• Provide education and instructions in your caregiver’s preferred language and in respect of cultural beliefs.

In the event that the caregiver is not willing or able to participate in providing this care, the care manager will discuss other options to allow for a safe discharge.
YOUR HEALTH CARE TEAM

At St. Peter’s Health Partners, you will be cared for by a team of professionals. The team includes:

Physicians (Doctors) – Your team will include one or more doctors who are an important part of your team providing care to you. These are:

• **Attending Physician:** This is the name given to the doctor who is in charge of your care. This doctor may also be a hospitalist.

• **Hospitalist:** A hospitalist is a doctor who specializes in caring for patients while they are in the hospital. During your stay, you may be cared for by one or more hospitalists. In addition to doctors, the hospitalist team may include physician assistants (PAs) and nurse practitioners (NPs). A hospitalist may be in contact with your primary care doctor, but will manage your treatment while you’re in the hospital.

• **Doctor on Call:** The doctor leading your care can’t work all the time. The doctor on call is a physician who covers weekends, evenings, and other shifts when the attending doctor can’t be there. Doctors on call are there to answer questions and cover emergencies.

• **Rapid Response Team (RRT):** This designated group of clinicians and nurses can be called upon to provide immediate critical care to prevent a crisis. When called, these specialty-trained professionals immediately arrive to the patient’s bedside to assess the situation and provide appropriate care.

• **Specialists:** These doctors have received advanced education and clinical training in a specific area, such as:
  - cardiologists (who treat heart or blood vessel problems);
  - endocrinologists (who treat conditions caused by hormone problems, such as diabetes and growth problems);
  - gastroenterologists (who treat problems with digestion and diseases of the esophagus, stomach, pancreas, liver, gallbladder, and intestines); and
  - surgeons (who perform operations).

Clinical (bedside) Nurses – The bedside nurse is responsible for your direct care. This nurse provides your medications, treatments, personal care, education, and other necessary support. The bedside nurse also works with the other members of your care team to ensure your needs are met.

Patient Care Technicians (PCT or techs) – The PCT or tech helps the bedside nurse meet your basic care needs. A tech may take vital signs, help you go to the bathroom, as well as assist with feeding, moving and addressing other care needs you may have.

Physical Therapist (PT) - The physical therapist will guide your return to functional daily activities. They will train you in safe movement techniques and teach exercises designed to regain your strength and motion.

Occupational Therapist (OT) – The occupational therapist helps you develop, recover, and improve the skills needed for daily living and working. The OT can teach you how to perform daily tasks such as bathing and dressing with the use of assistive devices.
Clinical Care Coordinator/Case Manager – The clinical care coordinator (C3) or case manager is a registered nurse who works closely with the other team members, including social workers, to plan for your care in the hospital and help you prepare for discharge. Your plan may include outpatient therapy, home equipment, and/or any skilled nursing care.

Pharmacy Staff – If you are admitted to the hospital, members of the pharmacy staff may visit you to discuss your medications. You will be asked about medications you take at home. This includes medications from your pharmacy (local and mail order), inhalers, creams, eye drops, medications you take only as needed, samples, and over-the-counter medications or supplements. A complete list of medications allows the team to better serve your medication needs.

Nutritionists or Dietitians – These dietary experts work with you to help you maintain a healthy diet based on your diagnosis, during your hospitalization as well as when you go home.

Other Support Staff – Other members of your health care team may include spiritual care, rehabilitative services (physical, occupational and speech therapy, audiology, lymphedema management), enterostomal therapy, complementary and supportive therapies, respiratory therapy, palliative care, home care, and hospice services.

Your care will be based on your individual needs and the treatment plan you and your doctor have agreed upon.
FREE INTERPRETATION SERVICES AVAILABLE

Free aids and services are available to help people with disabilities communicate effectively. We offer:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats and other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, contact the language access program at (518) 525-6771.

Over-the-phone interpreter services are available 24 hours a day, seven days a week. The chart on the right can help a patient identify a language commonly spoken in his or her community. Additional languages are available.

<table>
<thead>
<tr>
<th>Language</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanian</td>
<td>A fitni shqip? Ne do te telefonojmeni perkthes.</td>
</tr>
<tr>
<td>Arabic</td>
<td>هل تتكلم اللغة العربية؟ سوف نتصل بالترجمة باللغة العربية.</td>
</tr>
<tr>
<td>Bengali</td>
<td>আপনি কি বলা চায়? আপনি একজন দীর্ঘকালীন সহ প্রতিষ্ঠানের সহযোগী।</td>
</tr>
<tr>
<td>Bosnian</td>
<td>Govorte li Bosanski? Nazvažamo prevodioca.</td>
</tr>
<tr>
<td>Burmese</td>
<td>မြန်မာစိုက်ပျိုးပါ။</td>
</tr>
<tr>
<td>Cambodian</td>
<td>هل تتحدث اللغة الكمبودية؟</td>
</tr>
<tr>
<td>Cantonese</td>
<td>您講廣東話嗎？我們將電話為您找一位翻譯。</td>
</tr>
<tr>
<td>Chinese</td>
<td>您講中文嗎？我们将电话为您找一位翻译。</td>
</tr>
<tr>
<td>Dutch</td>
<td>Do you speak French? We will telephone for an interpreter.</td>
</tr>
<tr>
<td>Farsi</td>
<td>لیا شما فارسی صحبت می‌کنید؟ ما میخواهیم به یک متبرک تلفن کنیم.</td>
</tr>
<tr>
<td>French</td>
<td>Parlez-vous français? Nous contacterons un interprète.</td>
</tr>
<tr>
<td>German</td>
<td>Sprechen Sie Deutsch? Wir rufen einen Dolmetscher an.</td>
</tr>
<tr>
<td>Greek</td>
<td>Μιλάτε Ελληνικά; θα τηλεφωνήσουμε σε διερμηνέα.</td>
</tr>
<tr>
<td>Italian</td>
<td>Parlate italiano? Chiameremo un interprete.</td>
</tr>
<tr>
<td>Italiano</td>
<td>Italiano</td>
</tr>
<tr>
<td>Korean</td>
<td>한국어 훈련의 독일어 학습자입니다. 동역사를 전화로 연락해 드리겠습니다.</td>
</tr>
<tr>
<td>Mandarin</td>
<td>我们将通话為您找一位翻譯。</td>
</tr>
<tr>
<td>Polish</td>
<td>Czy mówi Pan/Pani po polsku? Zadzwońmy do tłumacza.</td>
</tr>
<tr>
<td>Portuguese</td>
<td>Você fala português? Contactaremos um intérprete.</td>
</tr>
<tr>
<td>Portuuguês</td>
<td>Portuguese</td>
</tr>
<tr>
<td>Russian</td>
<td>Вы говорите по-русски? Мы позвоним переводчику.</td>
</tr>
<tr>
<td>Russian</td>
<td>Русский</td>
</tr>
<tr>
<td>Spanish</td>
<td>¿Habla español? Vamos a llamar a un intérprete.</td>
</tr>
<tr>
<td>Español</td>
<td>Spanish</td>
</tr>
<tr>
<td>Turkish</td>
<td>Türkçe biliyorumuruz? Bilyorsanız bir tercuman bulacarız.</td>
</tr>
<tr>
<td>Türkçe</td>
<td>Turkish</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>Вы разомываете украинскую мову? Ми затегуємося перекладачу.</td>
</tr>
<tr>
<td>Українська</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>Urdu</td>
<td>ہلکا را سے ایک مترجم کی مدد کی</td>
</tr>
<tr>
<td>العربية</td>
<td>Arabic</td>
</tr>
<tr>
<td>العربية</td>
<td>Arabic</td>
</tr>
<tr>
<td>简体中文</td>
<td>Simplified Chinese</td>
</tr>
<tr>
<td>中文</td>
<td>Chinese</td>
</tr>
<tr>
<td>भारतीय भाषा</td>
<td>Hindi</td>
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<tr>
<td>বাংলা</td>
<td>Bengali</td>
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<tr>
<td>अंग्रेजी</td>
<td>English</td>
</tr>
<tr>
<td>普通话</td>
<td>Mandarin</td>
</tr>
<tr>
<td>繁體中文</td>
<td>Traditional Chinese</td>
</tr>
<tr>
<td>日本語</td>
<td>Japanese</td>
</tr>
<tr>
<td>ماراثी</td>
<td>Marathi</td>
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<tr>
<td>मराठी</td>
<td>Marathi</td>
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<tr>
<td>मराठी</td>
<td>Marathi</td>
</tr>
</tbody>
</table>
ADVANCE DIRECTIVES: PLANNING IN ADVANCE FOR YOUR MEDICAL TREATMENT

Advance directives are written or verbal statements explaining your wishes about your health care. If you become unable to express your wishes to the doctor, family, or hospital staff, an advance directive can help ensure that your wishes are followed. When you are admitted, your nurse will ask about any advance directives or specific wishes you have about your care. This information will be included in your chart. Advance directives are not a requirement for hospital admission but we DO have to ask if you have them.

There are different types of advance directives. You may wish to talk to your doctor about which is the most appropriate for you.

**A Health Care Proxy** is a form which names a person (your agent) to make medical decisions for you, if you become unable to do so. This person’s role is to represent your wishes for care and treatment if you cannot speak for yourself. We can provide you with a health care proxy upon request. If you have chosen a health care proxy agent, we must have a copy of the proxy document before we can recognize that person as your agent. Also, your agent’s authority does not start unless and until a doctor finds that you lack the ability to make decisions on your own.

**Living Wills** are written instructions that explain your wishes for health care if you are unable to speak for yourself. Typically, living wills are used to give your caregivers important information about your wishes regarding end-of-life care. You should make these important decisions in consultation with your doctor. Also, because your wishes may change over time, be sure to keep this document updated and provide a copy for your doctor and your health care proxy agent.

**Medical Orders for Life-Sustaining Treatment (MOLST)** are intended for use with people who are at the end of their lives or dealing with life-threatening illnesses. These forms may include your decisions about resuscitation, breathing assistance, hydration and nutrition, and use of pain medications. These orders are in place as soon as they are signed by a doctor.

**Do Not Resuscitate (DNR)** forms are used to instruct that you do not wish to be resuscitated if your heart stops or if your breathing stops. Resuscitation is an attempt to restore hearbeat and breathing.

**A Note to Decision-Makers**
If you are the decision-maker for an incapable patient, under the law you should try to make decisions based on the patient’s wishes, if known. If the patient’s wishes are not known, you should make decisions based on the patient’s best interests. Our staff, including our ethics consultants, can provide you with further guidance in making those decisions. For information about ethics consultants at your hospital, see your hospital information guide.
YOUR RESPONSIBILITIES AS A PATIENT

Your health care is a cooperative effort among you, your doctor and the staff. In addition to your rights, we expect that, to the best of your ability, you will:

• Be considerate of other patients.
• Treat our staff respectfully, just as we expect them to treat you with respect.
• Follow our policies as explained to you, or as described in printed material.
• Provide your complete and accurate medical history, including a list of all medications (prescription, over-the-counter and herbal supplements), when requested to do so.
• Tell the doctor or nurse if you do not understand your treatment or if you do not understand what you are expected to do.
• Follow recommendations and advice given by the doctors and nurses (or designate) about your mutually agreed upon treatment plan.
• Fulfill your financial obligations in a timely manner.
• Avoid purposely harming or wasting our property.
• Avoid bringing weapons into the hospital.
• Avoid bringing illegal drugs into the hospital.

We strongly urge you to contact your doctor, nurse or patient relations if you have questions, suggestions, concerns or complaints about your care.

Certain members of the patient’s family also have rights. If the patient is under 18 years of age, he or she is considered a pediatric patient. This means that certain persons have rights regarding the patient’s care. For more information about parent’s rights, see Page 21.

Photos and Recordings

Patients and visitors are permitted to take photos, brief video clips, or brief audio recordings of a family memento nature, if those photographed or recorded permit it. Patients and visitors are not permitted to take other photos or recordings without securing prior permission from an authorized staff member. Violators could be asked to leave, or we may temporarily take possession of the recording equipment. We will provide you with the policy on photos and recordings upon request.

SECURITY

Weapons or illegal drugs are not permitted in the hospital. If staff have a reasonable basis to conclude that a patient or visitor is violating this policy, we may search your person or property. If we find a weapon or illegal drug, we may take possession of it, and either return it (for example, a legal weapon), or destroy or otherwise dispose of it (for example, illegal drugs). Our purpose in such cases is to protect the safety of patients, visitors and staff, not to collect evidence for law enforcement officials. We will provide you with the policy on searches upon request. In keeping with the national campaign, “If You See Something, Say Something™,” you are encouraged to report suspicious activity. Reports may be made to any Security office at our facilities, as well as local, state or federal law enforcement.

Your Protected Health Information

We are committed to safeguarding the confidentiality of your protected health information. For further information, see our Notice of Privacy Practices brochure. This information is also available on our website, www.sphp.com.
TO COMPLAIN ABOUT YOUR CARE

If you have a concern, problem or complaint that has not been resolved through your nurses and doctors, you can contact your hospital patient representative.

If hospital staff are not able to resolve the problem, you may contact the New York State Department of Health by mail or phone. You may call the toll-free number 1-800-804-5447 or you may file a complaint in writing and send it to:

**New York State Department of Health**
Centralized Hospital Intake Program
Mailstop: CA/DCS Empire State Plaza
Albany, NY 12237

Questions or comments:
hospinfo@health.state.ny.us

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**Nondiscrimination Statement**

This health care provider complies with applicable Federal and New York state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of:

- Race
- Color
- National origin
- Religion
- Sex or sexual orientation
- Age
- Disability
- Marital status
- Veteran status
- Gender identity or expression
- Domestic violence victim status

We also provide free communication aids and services to people with disabilities and to people whose primary language is not English. For more information about these aids and services, see Page 5.

If you believe that we have failed to provide services or discriminated in another way on the basis of race, color, national origin, religion or creed, sex or sexual orientation, age, disability, marital status, military status or source of payment, you can file a grievance with the patient grievance coordinator (also known as the patient representative) at your hospital.

**Hospital Patient Representatives**

- Albany Memorial Hospital.......................... (518) 471-4961
- St. Mary’s Hospital.................................. (518) 268-5317
- St. Peter’s Hospital................................. (518) 525-1192
- Samaritan Hospital................................. (518) 271-3336
- Sunnyview Rehabilitation Hospital...........(518) 382-4516

You can also file a grievance in person or by mail, fax or email (patientexperience@sphp.com). If you need help filing a grievance, our patient grievance coordinator 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 either 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, DC 20201
1–800–868–1019, 800–537–7697 (TDD)

Complaint forms are also available at http://www.hhs.gov/ocr/office/file/index.html
PAIN TREATMENT

Comfort and pain relief are important aspects of your care and treatment. Our caregivers are committed to preventing your pain whenever possible, and addressing your pain control needs. It is very important for you to tell your nurse when you have pain. Use the following scale to help you express the amount of discomfort you feel.

There are many treatment options to help relieve and even eliminate pain. You need to work with your care provider to determine which is best for you.

Commonly prescribed methods for pain relief include:

- **Pain medication** – You may be given pain relievers or analgesics to relieve your pain. Pain medications have varying strengths and may work best on specific types of pain. The type and amount of pain medication you are given is based on the type and severity of your pain.
- **Ice and heat** – These may be used over the site of injury. These may be used alone, or a pattern of alternating heat and cold may be used.
- **Elevation** – This is used with an injured limb to lessen swelling and pain.
- **Relaxation techniques** – These include music, guided imagery, meditation or other techniques to lessen the symptoms of pain.

**Pain Care Bill of Rights**

As a person with pain you have the right to:

- Have your report of pain taken seriously, and to be treated with dignity and respect by doctors, nurses, pharmacists, and other health care professionals.
- Have your pain thoroughly assessed and promptly treated.
- Be informed by your doctor about what may be causing your pain, possible treatments, and the benefits, risks and costs of each.
- Participate actively in decisions about how to manage your pain.
- Have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
- Be referred to a pain specialist if your pain persists.
- Get clear and prompt answers to your questions, time to make decisions and refuse a particular type of treatment, if you choose.
PATIENT SAFETY

Preventing Infection

The best way to stop the spread of germs is to wash or sanitize hands often. It is important that everyone does their part. This includes hospital staff, families, visitors, and patients.

Most often, the hand sanitizer located in your room is effective. However, there are times when soap and water are necessary to cleanse your hands. Soap and water should be used:

• If your hands are visibly soiled
• Before you eat
• After using the bathroom
• If you have Clostridium difficile (C.diff) diarrhea

Use These Helpful Tips:

• Make a list of reasons why you should quit.
• Buy sugar-free mints, gum or toothpicks.
• Spend time with people who don’t smoke.
• Plan alternate ways to deal with stress.
• Keep yourself busy.
• Set a quit date.
• Tell family and friends of your decision.
• Throw away all of your cigarettes, ashtrays, etc.

SMOKING

New York State law requires that hospitals and outside areas near hospitals be smoke free. This allows us to create a healthy environment for patients, families, visitors, and staff.

Patients and their family members who wish to quit smoking have our complete support. Ask your doctor about nicotine replacement therapy while you are hospitalized. For other assistance, ask your nurse.

Need Help Quitting?

Call the New York State Smoker’s Quitline at 1 (866) NY-QUITS (697-8487) OR The Butt Stops Here Smoking Cessation Program (518) 459-2550.

STEPS TO WASHING YOUR HANDS WHEN IN THE HOSPITAL OR IN A PUBLIC RESTROOM

Using Soap and Water

1) Wet hands with warm water.
2) Apply soap and rub hands together well for 15 seconds.
3) Rinse with warm water.
4) Leave the water running while you dry your hands with a clean paper towel.
5) Turn off the water faucet using the paper towel. This will prevent you from re-contaminating your hands.

Using Hand Sanitizer

1) Apply enough sanitizer to moisten all areas of hands.
2) Rub until hands become dry.

Speak up if you see someone has not washed or sanitized their hands before providing care to you. A friendly reminder is welcome.
Preventing Falls
At St. Peter’s Health Partners, we want to work with you and your family to prevent accidental falls and related injuries. We have procedures to identify patients who are at risk to fall.

Your family members or friends may be asked to tell us if you are at a risk of falling. Everyone can help our staff to provide the safest environment possible for patients.

WHY DO FALLS HAPPEN?
• Feeling weak, ill or being tired
• Not being physically fit
• Problems seeing clearly or blindness
• Medicines may cause weakness, sleepiness, confusion or dizziness
• Slippery or wet floors or stairs
• Obstructed pathways
• Darkness
• Feeling dizzy or faint
• Having walking or balance problems
• Quick changes in your position can bring unsteadiness

WHAT FACTORS CAN INCREASE YOUR RISK OF INJURY FROM A FALL?
• Age
• Osteoporosis
• Blood thinners
• Recent surgeries

WHAT CAN YOU DO WHILE YOU ARE IN THE HOSPITAL?
Many falls occur when patients or residents try to get out of bed either to go to the bathroom or walk around the room by themselves. Help us keep you safe by following a few safety guidelines which include:
• Use your call button to ask for help getting out of bed.
• Wear your glasses, if needed.
• Use canes, walkers or other equipment, as needed.
• Wear non-slip slippers/socks or shoes when walking.
• Avoid areas with spills or clutter.
• Ask for help going to the bathroom or walking around the room or in hallways.
• Lower the height of the bed and the side rails.
• Tell us if your medicine is making you sleepy, light-headed, sluggish or confused.

We encourage family members and caregivers to assist us by:
• Ensuring staff are present to assist when transferring or walking the patient. Patients should not walk unassisted without first checking with the nurse.
• Staying with the patient, especially if your presence is comforting to your loved one.
• Scheduling other family members or friends to stay with the patient.
• Gently reminding the patient about where he/she is, the day, time, and place.
Fire/Emergency Drills
Drills are a routine part of our safety training. Be assured that the hospital rooms are equipped with fire-resistant materials, heat and smoke detectors, as well as pull boxes that are connected to an alarm system. Should there be a fire, please do not panic. All staff members are well trained in responding to a fire emergency. Please follow their instructions.

Surgery
We encourage surgical patients to talk with their health care providers prior to surgery to ensure that all of their questions are answered. Patients should know what to expect from their surgery and the recovery process. Check with the hospital’s pre-admission testing department for more information about having surgery.

MEDICATION SAFETY
Many people take several medications including medicines you buy without a prescription such as vitamins. Because it is possible for medicines to interact, it is important for you to keep a current list of all the medicines you take, and bring it with you every time you come to the hospital. This list should include prescriptions (pills, inhalers, patches, etc.), over-the-counter medicines (Tylenol®, Maalox®, etc.) and dietary supplements (vitamins, herbs, etc.). Providing this information helps your doctor, pharmacy and nursing staff provide the medications you need safely.
• For each medicine, include the dose (strength), how much you take, how often, the reason you are taking it, and when the last dose was taken.
• Keep a list of any allergies or reactions you may have to medications. (Describing what happens when you take the medication will help your doctors determine the risks and benefits of medications you may need.) Give us this list when you come to the hospital.
• With today’s technology, we will be able to obtain your medication information from most but not all pharmacies. Keep in mind this information will not include those medications you take that are not by prescription.
• Tell us the name and phone number of the pharmacies you use. This helps your doctor and the pharmacist in the event they have a question about a medication you are taking. It also allows the doctor to send your prescription electronically to the correct pharmacy at the time of discharge. Sending prescriptions electronically avoids delays and lessens your wait time for pick up.
• Do not take any of your medicines from home while you are in the hospital unless approved by your doctor or nurse.
Understanding Your Medications

Once you are in the hospital, your doctor may order medications that are different from those you were taking before your stay. Only take the medications your doctors have ordered for you while you are in the hospital. It is important to understand what medications you are taking, why you are taking them and what possible side effects or reactions you should watch for.

- Ask for the name of your medication and what it is used for. Ask more questions if you don’t understand. Many times the answers are simple.
- For example, if you are taking a brand-name drug and the hospital is using a generic brand, the color or shape may be different. In other cases, asking questions may prevent a medication error.
- Tell us if you think you are not receiving a medication that you routinely need.
- Tell us if you think you are having a side effect to any medication you may be receiving.
- If you don’t recognize a medicine, ask about it.
- In order to deliver safe care to all of our patients, we must administer some medications at standard times (approved by our pharmacists and doctors).
- Make sure you can read the writing on your prescriptions.
- Once you are ready to go home, you may be instructed to take one or more new medications. You should also be given information on whether to stop or continue the medications you were taking before your visit.

Because medications may be different when you return home, discard old medications you are instructed to stop taking to reduce your risk of taking the wrong one. It is important to understand what the medication is for, how much to take, how often you should take it, the possible side effects, and when to call your doctor.

Use the Medication List on Page 14 to keep your record with you.
### MEDICATION LIST

Name: ____________________________  Date list updated: ____________________

#### Allergies:

<table>
<thead>
<tr>
<th>Name of medication that you have had a reaction to or that did not agree with you</th>
<th>Describe what happened</th>
<th>Date when this happened or how long ago</th>
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#### Medication I Am Taking:

<table>
<thead>
<tr>
<th>Medication name and dosage (strength)</th>
<th>How and when I take it</th>
<th>Why I take it</th>
<th>Special Instructions or Notes</th>
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Doctor Name: ____________________________  Phone Number: ____________________

Pharmacy Name: ____________________________  Phone Number: ____________________

Emergency Name: ____________________________  Phone Number: ____________________
MEDICATION LIST INSTRUCTIONS

How to Use My Medication List

Having a current medication list can help you and your family keep track of everything you take to keep you healthy.

- In order to fill out the form, you will need all of the medications you take in front of you. Be sure to include over-the-counter medications (for example, Tylenol® or aspirin), and dietary supplements (for example, vitamins or herbs).
- Have your health care provider or a family member help you fill out the form.
- For every medication (including the over-the-counter medications) write down these things:
  - The name of what you take (for example, Tylenol® or acetaminophen)
  - The dose or strength of the medication (for example, 500 mg)
  - How much you take (for example, 1 pill, 3 drops, or 2 puffs)
  - How you take it (by mouth, with food, with a needle)
  - When you take it (first thing in morning, before meals, at bedtime, every four hours)
  - Why you take it (to lower my blood pressure, for pain after surgery, etc.)
- Whenever you stop taking something or start taking something new, be sure to update your list.
- Always keep this list with you. Fold it and keep it in your wallet or purse so you will have it in case of emergency.
- When you go to see a doctor, dentist or pharmacist, have a test, or have to go to the hospital or emergency room, take this list with you.

- This will help make sure your doctor and pharmacist know all the medications you are taking, including over-the-counter and herbal products.
- When something changes, ask your health care provider to help you update the list before you leave.
- If you have any questions about your medications, contact your doctor or pharmacist.

Questions for Your Doctor, Pharmacist, or Other Health Care Professional

Before visiting your doctor or pharmacist, you may want to make a list of any questions you have. This makes it easier by not having to remember what you wanted to ask when you get there and may be feeling anxious. Examples of questions you may ask are:

- What is the name of the medicine, and what is it supposed to do?
- How and when do I take the medicine?
- How long should I continue to take the medicine?
- Do I need to take the medicine with or without food?
- What foods, drinks, medicines, dietary supplements, or activities should I avoid while taking the medicine?
- What are the possible side effects of the medicine and what do I do if they occur?
- When should I expect the medicine to begin to work, and how will I know if it is working?
- What should I do if I forget to take a dose?
- Will this new prescription work safely with the other prescription and nonprescription medicines I take?
- Will any testing or monitoring be required?
Paying for Your Care

Understanding the Bills for Your Hospital Visit

Trying to sort through the various bills you receive from the hospital and doctors in order to coordinate your insurance benefits can sometimes be difficult.

The following information is provided in an effort to help you with this process. You may also visit www.sphp.com/paying-for-your-care to learn more.

The Hospital Bill is Separate from Bills for Physician Services.

After your hospital visit, you will probably receive separate bills for the following types of services:

• Standard hospital services: These services do not include the physician services described below. This includes room and board, labor and delivery services, medical procedures, and other service charges.

• Physician services: This includes doctors (such as anesthesiologists, attending doctors, emergency room doctors, hospitalists, pathologists, radiologists, surgeons, etc.), advanced practitioners (such as nurse practitioners and physician assistants), dentists, and those other health professionals who are authorized to treat patients in the hospital. Many health care professionals who provide services are not employed by the hospital. In most instances, these independent professionals bill for their services separately from the hospital bill.

Hospitals are required by law to make available information about their standard charges for the items and services they provide. This information is available at www.sphp.com/paying-for-your-care.

In addition, the New York State Department of Health offers a guide to standard hospital services and charges by diagnosis-related groups for St. Peter’s Health Partners hospitals.

To view this information, visit www.sphp.com/paying-for-your-care.

Hospital Charges Differ Based on the Type of Care Provided.

It is important to note that the price can differ from patient to patient for the same services. The price will be different due to complications or different treatment plans for each patient’s personal health condition. For a price estimate, please email your request to sphpchargemaster@sphp.com. For information about financial assistance, see Page 19.
Know Your Patient Status – Inpatient Or Outpatient?

Did you know that even if you stay in a hospital overnight, you might still be considered an "outpatient?"

Your patient status (whether the hospital considers you an “inpatient” or “outpatient”) affects how much you pay for hospital services (like X-rays, drugs, and lab tests). It may also affect whether Medicare will cover care you get in a skilled nursing facility following your hospital stay.

- You are an **inpatient** starting when you are formally admitted to a hospital with a doctor’s order.
- You are an **outpatient** if you’re getting Emergency Department services, observation services, outpatient surgery, lab tests, X-rays, or any other hospital services, and the doctor has not written an order to admit you to a hospital as an inpatient. In these cases, you’re an outpatient even if you spend the night at the hospital.

Note: Observation services are hospital outpatient services given to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be given in the Emergency Department or another area of the hospital.

The decision for inpatient hospital admission is a complex medical decision based on your doctor’s judgment and your need for medically necessary hospital care. An inpatient admission is generally appropriate when you are expected to need two or more midnights of medically necessary hospital care. But your doctor must order such admission and the hospital must formally admit you in order for you to become an inpatient.

For more information, visit https://www.medicare.gov/Pubs/pdf/11435.pdf.
FIND OUT WHETHER OUR HOSPITALS AND PHYSICIANS PARTICIPATE IN YOUR HEALTH INSURANCE PLAN.

Our hospitals are participating providers in many health plan networks. Some health plans use smaller networks for certain plans they offer, so it is important to check whether we participate in the specific plan you are covered by.

To find a list of the plans in which our hospitals participate, visit www.sphp.com/paying-for-your-care.

You may also wish to determine what your coverage is for various hospital services such as labs, X-rays and emergency care. Please contact your insurance carrier if you have questions.

Insurance Coverage For Physician Services
The physicians who are part of your care team bill for their services separately. Physicians who provide services at the hospital may be independent or they may be employed by the hospital.

We also contract with physician groups (such as anesthesiologists, radiologists and pathologists) to provide services at our hospitals. For more information about insurance coverage for physician services, visit www.sphp.com/paying-for-your-care.

Pre-Approval And Pre-Certification
If your health plan requires pre-certification or pre-approval of the admission, be sure to notify your plan. Without your plan’s approval, you will have to pay the charges (except in the case of emergency admissions). Insurance questions about your hospital stay should be directed to your insurance carrier.
Financial Responsibility
Your health plan may require that a copayment/deductible/coinsurance be made by you for the services you received. You must pay the copays, deductibles, coinsurance, or non-covered services as set by your insurance plan. Be aware that your financial responsibility may change based on your patient status and the services you receive (See Know Your Patient Status on Page 17).

Any patient who has not submitted insurance information will be responsible for payment of the hospital bill.

St. Peter’s Health Partners benefit advocates may visit you during your stay to review your financial responsibility and request payment.

MAKING A PAYMENT
If you have a copay, payment is expected at the time of service. We accept cash, checks, all major debit/credit cards, and health care flexible-spending debit/credit cards. To pay your bill online, visit www.sphp.com/online-payment.

Financial Assistance
St. Peter’s Health Partners is committed to minimizing financial barriers to health care, especially for those uninsured and those who do not have enough coverage from health insurance or governmental payment programs.

The Affordable Care Act (ACA) requires everyone legally living in the United States to have health insurance beginning January 1, 2014. It also gives millions of individuals with too little or no insurance access to health plans at different cost levels. The law is in place to provide more affordable options to individuals with too little or no health insurance. The law also provides financial assistance to those who qualify based on family size and income.

If you do not have health insurance or are concerned that you may not be able to pay for your care in full, we can help.

HOW TO GET ASSISTANCE
Benefit advocates can help you enroll in an insurance plan, including Medicaid, as well as apply for the Financial Assistance Program. If you have an insurance plan, benefit advocates can review your plan and discuss payment plans and other payment options.

St. Peter’s Health Partners Benefit Advocates are available Monday through Friday, 8 am to 4 pm. To reach the benefit advocates at your hospital, contact:

- Albany Memorial Hospital .............................. (518) 471-3297
- St. Mary’s Hospital ........................................ (518) 268-5501
- St. Peter’s Hospital ....................................... (518) 525-5230
- or (518) 525-1565
- Samaritan Hospital ...................................... (518) 271-3380
- Sunnyview Rehabilitation Hospital ................. Outpatient: (518) 268-4926
- Inpatient: (518) 382-4950

For all other questions or concerns, contact St. Peter’s Health Partners Customer Service at (518) 471-3000 or email SPA-BusinessOfficeCustomerService@sphp.com.

Medical-Legal Partnership
St. Peter’s Health Partners, Albany Law School and Legal Aid of Northeastern New York work together to offer free legal services to eligible patients. These free services are available for legal matters that relate to or affect the patient’s health. For more information, ask for the brochure about our Medical-Legal Partnership program.
**Patients’ 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, source of payment, or age.

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 non smoking environment.

8. Receive complete information about your diagnosis, treatment and prognosis.

9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill 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. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.

16. 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.

17. Receive an itemized bill and explanation of all charges.

18. View a list of the hospital’s standard charges for items and services and the health plans the hospital participates with.

19. You have a right to challenge an unexpected bill through the Independent Dispute Resolution process.

20. 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.

21. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

22. 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) Patient’s Rights, 10 NYCRR, 405.7, 405.7(a)(1), 405.7(c)
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
NOTES