



EmblemHealth Family Dental Practice — Patient Bill of Rights

EmblemHealth Family Dental Practice, 1873 Western Ave., Suite 200, Albany, NY 12203 (518) 869-1044

The New York State Department of Health requires that patient’s seeking services be informed of their rights.

Patients of EmblemHealth Family Dental Practice shall have the right to:

1. Receive service without regard to age, sex, race, color, sexual orientation, national origin, religion, or marital status.
2. Be treated with respect, consideration, and dignity including privacy in treatment.
3. Be informed of the services available at the practice.
4. Have access to his/her dental record pursuant to the provisions of Section 18 of the Public Health Law, including being provided with a copy of the dental record upon request.
5. Be informed of the provisions for off-hour emergency services.
6. Be informed of the charges for services, eligibility for 3rd party reimbursements and when applicable, the availability of reduced cost care.
7. Receive an itemized copy of his/her account, upon request.
8. Obtain from his/her dentist or dentist’s delegate, complete and current information concerning his/her diagnostic, treatment and prognosis in terms the patient can reasonably expect to understand.
9. Receive from his/her dentist information necessary to give informed consent prior to the start of any non-emergency procedure or treatment. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment, the reasonably foreseeable risks involved, and alternatives of treatment, if any, as a reasonable dental practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.
10. Refuse participation in experimental procedures or protocols.
11. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action.
12. Voice grievances and recommend changes in policies and services to practice staff, EmblemHealth’s corporate headquarters and the New York State Department of Health without fear of reprisal.
13. Express complaints about the care and services provided and to have the practice investigate such complaints. The patient or his/her designee is entitled to a written response within 30 days if requested by the patient, indicating the findings of the investigation. If the patient is not satisfied with the response, the patient and his/her designee may file a complaint with the New York State Department of Health’s Office of Health Systems Management, which can be reached at (518)271-2600.
14. Privacy and confidentiality of all information and records pertaining to the patient’s treatment.
15. Approve or refuse the release or disclosure of the contents of his/her dental record to any health care practitioner and or health care facility expert as required by 3rd party payment contract.
16. Request a different dentist or hygienist. Such a request will be granted if EHFDP has appropriate clinical staff available.

Questions or complaints should be directed to:

EmblemHealth Family Dental Practice

Business Manager
1873 Western Avenue, Suite 200
Albany, NY 12203
(518) 869-1044

Print Patient Name: _____

Signature: _____ Date _____

If signing for a minor, please indicate relationship to patient: _____

Print Patient Name _____

Patient Signature _____ **Date** _____

If signing for a minor, please indicate relationship to patient _____