

WELCOME

Welcome to St. John's Riverside Hospital.

St. John's Riverside Hospital has been serving the health care needs of Yonkers, the Rivertowns and surrounding communities for over 140 years. Excellence in medical care has been our goal since St. John's opened its doors in 1869.

St. John's Riverside Hospital, governed by a Board of Trustees made up of civic and business leaders from the community, has a staff of over 550 physicians representing every specialty and sub-specialty, over 1,500 employees, scores of volunteers, and an active Auxiliary, all dedicated to your comfort and well-being. St. John's also supports an accredited nursing school, the Cochran School of Nursing, and promotes health education through community outreach and education programs. We are committed to excellence along the continuum of care and offer both long-term and short-term care and rehabilitation at the Michael N. Malotz Skilled Nursing Pavilion.

The medical staff of St. John's, along with our other facilities has the most up-to-date medical technology at their disposal, ranging from laser surgery to our sophisticated Breast Imaging Center. This technology combined with our professional staff and exacting standards helps us achieve our goal of skilled and compassionate care for all.

This booklet will acquaint you with hospital services and policies at St. John's Riverside Hospital. Our services and policies have been designed for your protection and comfort. We ask for your cooperation and any suggestions you may have to help us serve you better. I hope your stay is a pleasant one!

Sincerely,



Ronald J. Corti
President and CEO

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OUR HOSPITAL

OUR PHILOSOPHY

Every patient is an individual to be treated with dignity, respect and compassion. Each patient deserves the best possible medical treatment and nursing care.

ADMISSION PROCEDURES

Even before you arrive, our staff is working to serve you. In order to expedite routine admissions, the hospital uses a pre-admission procedure. When a request for admission is received from your physician, you will be given a pre-admission form. This information is necessary for your care and will be kept in strict confidence. Your cooperation in providing complete and accurate information is greatly appreciated. Your doctor may also arrange pre-admission testing to avoid any unnecessary days in the hospital.

PRE-ADMISSION TESTING HOURS:

St. John's Riverside Hospital: 7:00 a.m. to 7:00 p.m. Monday through Friday; Saturday 7:00 a.m. to 3:00 p.m.

All patients for labor and delivery, cesarean delivery or prenatal activity testing are asked to report directly to the Maternity Department. Elective C-sections must arrange their testing through the admitting office. Medical and elective surgical patients report to Central Registration.

Dobbs Ferry Pavilion: 8:00 a.m. to 3:00 p.m. Monday through Friday, by appointment.

WHEN TO ARRIVE

Registration personnel will inform you of the proper time to arrive at the hospital. It is important in planning for your care that you arrive promptly at the time assigned. Patients coming for elective or ambulatory surgery must have had all preliminary testing and an admission interview prior to admission. Please register with the central registration on the main floor.

WHAT TO BRING

While the hospital provides most essentials for your stay, we recommend that you bring a few personal items, such as pajamas, non-skid slippers, a robe, comb and toothbrush. Maternity patients are also advised to bring suitable seasonal clothing for taking their infant home. When not in use, dentures, glasses or contact lenses should be placed in protective containers. A small battery-operated radio may be used and, if your condition allows, electric razors are permitted. Please bring a list of all medications (both prescription and over the counter medications) that you take with dosage and frequency included.

Please bring your insurance identification card with you. Please bring any insurance referrals and your pre-certification number to central registration. Check to make sure your doctor has pre-certified your stay in the hospital with your insurance company, if required. If you have any questions concerning your insurance, our Billing Office is available to help you.

ACCOMMODATIONS

Your Physician will arrange for your accommodations. The hospital offers air conditioned private and semi-private rooms. Every effort is made to have your preferred room available on the scheduled date of admission. However, alternate arrangements may be necessary due to high occupancy, emergency admissions, or doctor's orders. The hospital will honor your doctor's request for transfer when your preferred accommodation becomes available. There is an additional charge for private rooms, not usually covered by insurance. All elective admissions are made in the order of the date of receipt of a bed reservation from your physician. Maternity beds are assigned by the labor and delivery staff on the basis of availability at the time of admission.

CONSENT AND RELEASE FORMS

A general consent and release form for treatment must be signed by each patient admitted to the hospital. Parents or guardians must sign for dependent minors. A legal guardian or other responsible person will be asked to sign for patients who are unable to sign. A separate informed consent must be signed before surgery and certain diagnostic tests.

DURING YOUR STAY

SAFETY INFORMATION

You are strongly urged to leave valuables at home or send them home with relatives. If this is not possible, you may arrange with the Security Department to have your valuables placed in the hospital safe until discharge. The hospital does not assume responsibility for the loss of money, jewelry or other personal property kept in your room. Safety regulations prohibit the use of electrical appliances.

Your bed has been designed for safety and comfort. Please follow the directions of your doctor and nursing staff with regard to getting out of bed and the use of the side rails, which are there for your protection. The nursing staff will explain the simple operation of the bed controls.

MEDICATIONS

Please do not bring medications from home. Your doctor will prescribe the drugs you need during your stay from the hospital pharmacy. Anything you have taken before may be incompatible with the medications and treatments your physician has prescribed while you are here.

You are encouraged to ask questions and seek satisfactory answers about your medications before any medications are administered to you while you are in the hospital. Be sure to tell the physician and nurse if you have any allergies or unusual reactions to any drugs or anesthesia.

CALL BUTTON

A call bell is located on your bed. If you need help, press the button and a member of the nursing staff will answer in person or on the intercom system. Please explain your needs and a member of the staff will be with you promptly. Emergency call bells are located in bathrooms and showers.

COMMUNICATION ACCESS

If English is not your primary language or you are hearing impaired, additional resources for communication are available. Through an international interpretation service, which can interpret over 150 languages/dialects, support is available 24 hours a day for pertinent medical information. The use of this service requires a special phone with a dual handset telephonic device (one for the nurse or doctor and one for the patient and/or family member). Interpreter phones are available in patient care areas within the hospital.

Sign language or oral interpreters, Tele-Typewriter and other auxiliary aids and services are available to people who are hearing impaired. Please make arrangements prior to admission, if possible.

TELEVISION AND TELEPHONE

Color television service is available to all patients at a nominal daily fee. If you would like TV service or if the TV is not working properly, please notify a member of the staff. Patients at Andrus Pavilion can also call ext. 4471 for assistance. Patients at Dobbs Ferry Pavilion can call the Nursing Station at ext. 1057.

Individual telephone service is also available. A daily fee is charged to cover all daily calls. Outgoing calls may be placed anytime. Incoming calls may be received from 7 a.m. to 10 p.m. Please notify your family and friends of your direct telephone number located on your telephone. Payment for television and telephone service is made directly to the TV/Telephone rental company.

For local, immediate area calls: Dial 9, wait for a dial tone and dial the number.

To make long distance/toll calls at Andrus Pavilion: Dial 8, wait for the dial tone and then 0 for operator. All toll calls should be charged to your home phone. If you have any questions about your phone service, please call ext. 4471.

To make long distance/toll calls at Dobbs Ferry Pavilion: Long distance calls require the use of a calling card or a credit card.

MEALS

Our Dietary Department makes every effort to ensure that your meals are appetizing and attractively served. Unless you are on a special diet requiring instruction, you will receive a menu from which you may choose your meals for the following day. Meals are served at approximately 7 a.m., 11:30 a.m. and 5 p.m. A dietitian is available to instruct patients on modified diets and discuss any dietary needs. A guest tray may be ordered in advance for a member of your family. There is a fee for this service, which will be charged to your account. Kosher meals are also available.

MAIL, NEWSPAPERS AND FLOWERS

Mail is delivered to you daily. Telegrams and special delivery letters are delivered to you immediately. Flowers are delivered as soon as possible. Newspapers are available in vending machines in the Main Lobby of Andrus Pavilion and outside the Emergency Department entrance of Dobbs Ferry Pavilion.

NEWBORN PHOTOS AND BIRTH ANNOUNCEMENTS – ANDRUS PAVILION

Newborn babies are photographed in the nursery. A form is available if you would like to order your child's picture. If for any reason you do not want your child's photograph taken, please notify the staff. We will be happy to send an announcement of your baby's birth to your local newspaper. A member of the staff will give you a release form to sign.

VISITOR INFORMATION

Unless restricted by your physician, visitors are welcome during specified visiting hours. Because too many visitors may be tiring for you and other patients, we limit visitors to two at a time. Immediate family members of patients scheduled for surgery may visit any time on the day of surgery. Please notify the nursing staff if you do not wish visitors.

VISITING HOURS

ANDRUS PAVILION VISITING HOURS

Medical/Surgical 11:00 a.m. to 8:00 p.m.

ICU 11:00 a.m. to 8:00 p.m.

- Only members of the immediate family are allowed to visit, and no more than 2 at a time. Clergy may visit at any time. Special visitation may be arranged with the Nursing Staff.

Children under the age of 16 are not permitted. Overnight visitors are allowed based on the needs of the patient and at the discretion of the nursing staff. For your protection and the protection of other patients, all visitors must report to the Information Desk in the Main Lobby to obtain a visitors pass.

MATERNITY

General Visitors 1:00 p.m. to 8:00 p.m.

Children visiting Maternity are limited to siblings.

Siblings of any age may visit from 4:00 p.m. to 8 p.m.

DOBBS FERRY PAVILION VISITING HOURS

12 p.m. to 8:30 p.m.

Visitors are limited to 2 people at any one time and must be over 16 years of age.

PARKCARE PAVILION VISITING HOURS

Behavioral Health Units

No visitors allowed. Family conferences arranged on an individual basis.

PARKING

ANDRUS PAVILION

A visitor parking lot is located to the right of the Andrus Pavilion entrance for a fee. Tokens must be purchased in the hospital prior to leaving. Tokens may be purchased at the Security Office at the main entrance. Handicapped parking is available by the main entrance of the hospital. Free valet parking is available from 7:00 a.m. to 10:00 p.m.

DOBBS FERRY PAVILION

A visitor parking lot is located in front of the hospital. There is no parking fee. Free valet parking is available from 7:30 a.m. to 3:30 p.m., Monday to Friday.

PARKCARE PAVILION

The ParkCare Pavilion Parkadrome is located on Ashburton Avenue at the intersection of St. Joseph's Avenue. A small fee is charged.

GIFT SHOP

The Gift Shop at the Andrus Pavilion, open Monday through Saturday, features a wide assortment of books, cards, candy and toiletry items. The shop is run by the Auxiliary of St. John's Riverside and all proceeds benefit the hospital.

The Auxiliary managed gift shop at the ParkCare Pavilion, located in the main lobby, is open Monday through Friday from 10 a.m. to 4 p.m.

COFFEE SHOP

ANDRUS PAVILION

The Coffee Shop, located off the main lobby, is open daily. Hours are posted. When the coffee shop is closed, vending machines are available on the S1 level, first, third and fourth floors.

DOBBS FERRY PAVILION

The Coffee Shop is located on the lower level. Hours are posted. When the coffee shop is closed, vending machines are available on the ground and first floors.

PARKCARE PAVILION

The Coffee shop is located in the main lobby. Hours are posted. When the coffee shop is closed, vending machines are available on the main floor by the elevators.

FOR YOUR SAFETY

St. John's Riverside Hospital is dedicated to providing safe and effective nursing care. A guide to patient safety is provided to all patients on admission.

PATIENT SAFETY

- Always follow your doctor's orders and the nurse's instructions regarding whether you must stay in bed, require assistance to go to the bathroom, etc.
- Ask a nurse for help if you feel dizzy or weak getting out of bed. Remember you are more likely to feel faint or dizzy after sitting or lying for a long time.
- Remain lying or seated while waiting for assistance. Please be patient. Someone will answer your call as soon as possible.
- Make sure you wear non-skid slippers whenever you walk in the hospital. Rubber or crepe soled slippers are recommended.
- Do not tamper with side rails or safety devices that may be in use. If safety devices need adjustment, ask a nurse to help. Side rails and safety devices are reminders to stay in bed and are designed to ensure your safety and protection.

FIRE AND SAFETY DRILLS

Fire and safety drills are conducted regularly by the hospital to comply with safety and fire codes. Patients do not participate and are requested to remain in their rooms during drills. Visitors are asked to stay in patient rooms or in solariums. Elevators will not be in use. You will be advised by the staff in the event of an actual emergency.

SMOKING

The New York State Health Code forbids smoking in the hospital. Smoking is not permitted in any area of the hospital and within 25 feet of any entrance to the building.

PATIENTS HAVING SURGERY

Before undergoing surgery, you will be asked to sign a consent form.

Prior to surgery, you will also be visited by an anesthesiologist to discuss the type of anesthesia to be administered. You will be asked to sign a form consenting to anesthesia and a consent form for the administration of blood or plasma. You will be asked to identify and mark your surgical site. The anesthesiologist is a private practitioner and will be sending you a bill for services.

When you arrive in the operating room, you may be sedated. Following surgery, you will be taken to the Recovery Room, where you will receive special care until you are sufficiently recovered to return to your room.

At Andrus Pavilion, a Surgical Waiting Room, located on the second floor, is available for family members of patients undergoing surgery. They will be called to see the surgeon when you are out of the operating room. At Dobbs Ferry Pavilion, family members waiting for patients undergoing surgery may wait in the lobby or in the Surgical Waiting Room located on the second floor of the patient unit. They will be called to see the surgeon when you are out of the operating room.

PAIN MANAGEMENT

All patients will receive information from the nurse(s) about pain and pain management measures available. Patients will be expected to take an active role in their pain management program by discussing their level of pain, asking for prescribed relief measures when pain begins and maintaining communication regarding how the pain is being controlled.

BLOODLESS MEDICINE PROGRAM

St. John's Riverside Hospital has a bloodless medicine program for those patients who do not wish to receive blood or blood products. Please call 798-8964.

STAY SAFE

YOU CAN CONTRIBUTE TO HEALTH CARE SAFETY

While you are in the hospital, many people will enter your room, from doctors and nurses to aides and orderlies. The following information will help make your hospital stay safe and comfortable.

DON'T BE AFRAID TO ASK...

A number of people may enter your hospital room. Be sure to:

- Ask for the ID of everyone who comes into your room.
- Speak up if hospital staff doesn't ask to check your ID.
- Ask if the person has washed their hands before they touch you.
- If you are told you need certain tests or procedures, ask why you need them, when they will happen, and how long it will be before you get the results.

FIGHTING INFECTIONS

While you're in the hospital, the single most important thing you can do to help prevent infections is to wash your hands and make sure that everyone who touches you—including your doctors and nurses—wash their hands, too.

You, your family and friends should wash hands:

1. after touching objects or surfaces in the hospital room
2. before eating
3. after using the restroom

It is also important that your healthcare providers wash their hands with either soap and water or with an alcohol-based hand cleaner every time, both before and after they touch you. You and your family should not be afraid or embarrassed to speak up and ask them to wash their hands.

NO SOAP? NO PROBLEM

Alcohol-based hand cleaners are as effective as soap and water in killing germs. To use, apply the cleaner to the palm of your hand and rub your hands together. Keep rubbing over all the surfaces of your fingers and hands until they are dry. Alcohol based sanitizing units are located in each patient room and throughout the facility.

PREVENTING MEDICATION ERRORS

By taking part in your own care, you can help the members of your health care team avoid medication errors. Here's how:

- Be sure that you inform the hospital staff and your doctor of all medications you have been taking, including prescription drugs, over-the-counter medications, herbal and vitamin supplements, natural remedies and recreational drugs.
- Be sure that you inform the hospital staff and your doctor of any allergies you may have—to medications, anesthesia, foods, latex products, etc.

The staff will verify your identity by asking you and by checking your ID bracelet.

KNOW YOUR MEDS

While you are hospitalized, your doctor may prescribe medications for you. Be sure that you understand exactly what they are and why they are being prescribed. Use this checklist to help you get the information you need from your doctor:

- What is the name of the medicine?
- What is its generic name?
- Why am I taking this medicine?
- What dose will I be taking?
- How often, and for how long?
- What are the possible side effects?
- Can I take this medicine while taking my other medications or dietary supplements?
- Are there any foods, drinks or activities that I should avoid while taking this medicine?

PREVENTING FALLS

Patients often fall because they are on medications that make them dizzy, they are weak and unsteady due to illness or medical procedures, or because they've been sitting or lying down for too long. For your safety, please:

- Always call for assistance before getting out of bed.
- Keep the call button within easy reach.
- Have necessary items within reach, such as your glasses, tissues, the telephone, and anything else you need.
- When you get assistance, rise slowly from your bed or chair to prevent dizziness.
- Walk close to the wall and hold onto the handrail while in the bathroom.

ADDITIONAL INFORMATION

PATIENT EDUCATION

Our patient education program is designed to acquaint you with diagnostic tests and procedures you may undergo during your hospitalization, to prepare you for surgery, and to prepare you for your continuing health care after your discharge. Included in this program are informational handouts, pamphlets and books, as well as informal classes. Ask your nurse for further information. The library of the Cochran School of Nursing is another resource for our patients, their families and the public.

PASTORAL CARE

As pastoral care is an integral part of the healing process, visits by members of the clergy may be arranged by asking one of your caregivers. Patients or family members at Andrus Pavilion can contact the Pastoral Care Department at 964-4368.

MEDITATION ROOM

At Andrus Pavilion, a non-sectarian Meditation Room is located off the Main Lobby and is used by outpatients, families and friends for quiet thought and prayer. The Meditation Room also serves as a base of operations for visiting clergy.

BOOK CART

Volunteers at Andrus Pavilion may bring a selection of books, magazines and books on tape to your room. There is no charge for borrowing books or books on tape. They may be kept until you are discharged and should be left at the nurses' station on your floor. At Dobbs Ferry Pavilion a book cart is located in the day room on the second floor.

ORGAN DONATION

Over 50,000 people benefited from transplants last year; however, thousands still wait for the gift that will save their lives or significantly improve the quality of their lives.

Because of the great need, the federal government enacted legislation aimed at increasing the availability of organs and tissue for transplantation. Under the Required Request Law, hospitals are required to inform families of potential organ donors of the option of organ donation.

The most important step in considering organ and tissue donation is a family discussion so that family members are fully informed and aware of each other's wishes regarding organ donation. Preferences may also be indicated on a driver's license and Uniform Donor Cards. However, many procurement agencies will not act without the express written permission of the donor's closest relative or legal guardian.

If you would like additional information about organ donation, ask your physician or a member of the nursing staff or contact the New York Regional Transplant Program at 800-GIFT4NY

PREPARING FOR DISCHARGE

If you are covered by Medicare, please be sure to read the Medicare information in this booklet. In accordance with Medicare, Medicaid and private insurance regulations, and St. John's Riverside Hospital Andrus and Dobbs Ferry Pavilions have a utilization review process in effect to promote the most efficient use of hospital services. Our Continuing Care Department will work with you and your physician to see that your care and treatment are not unnecessarily prolonged. Patients should not expect to have tests ordered that are not directly related to their present illness and/or can be performed on an outpatient basis. You can help by planning for your discharge as soon as possible. If you have any questions please call:

Andrus Pavilion: Continuing Care Department at ext. 4441 or ext. 4369

Dobbs Ferry Pavilion: Social Services Department at ext. 1009

All hospitalized patients are evaluated upon admission to determine post-hospital needs. The Continuing Care Coordinators at the Andrus Pavilion or the Social Services and Utilization Review Coordinator at Dobbs Ferry Pavilion, work very closely with physicians, nurses and other health team members in determining each patient's need for care after discharge.

The staff is available to assist patients and their families in making arrangements for home care or in planning for transition to another facility. The Social Services staff at Dobbs Ferry Pavilion or the Continuing Care staff at Andrus Pavilion will answer any questions you might have pertaining to care at home or available community resources. For additional information call:

Andrus Pavilion: ext. 4440

Dobbs Ferry Pavilion: ext. 1008 or ext. 1009

Hospitals are required to provide patients with advance notice about their discharge and a written discharge plan. A member of the nursing staff will give you or your representative your discharge notice before you are to be discharged. You will also be given a written discharge plan by your physician or a member of the nursing staff prior to discharge. You will be asked for your signature to document that you received this information. If for any reason, you do not feel you are ready to leave the hospital, you have a right to appeal your discharge. If you wish to appeal, contact:

Andrus Pavilion: Continuing Care Department at ext. 4440

Dobbs Ferry Pavilion: Utilization Review Department at ext. 1008

Patients and/or their families should contact the Continuing Care Department (at Andrus Pavilion) or the Social Services Department (at Dobbs Ferry Pavilion) as soon as possible after admission if they anticipate a need for nursing home placement or rehabilitation following their hospital stay. Medicare, Medicaid and many private insurance guidelines require that plans for placement begin within three days of admission to the hospital. This is also important because planning for placement and rehabilitation can take time and most insurance plans will pay for only a certain number of days in the hospital.

Medicaid applications and a list of local nursing homes are available from the Continuing Care Departments.

LEAVING THE HOSPITAL

Your physician will inform you of the day you will be discharged. In order to facilitate patients waiting to be admitted, please try to arrange to leave the hospital by 11 a.m. Because infants require a nursing staff escort, we ask Maternity patients to please arrange to have their means of transportation waiting at the hospital entrance when they leave the floor. Please note, infant car seats are required by law to transport your baby home.

PAYING FOR YOUR STAY

INSURANCE

Your daily room rate includes charges for your accommodations, food, nursing care, and housekeeping and linen services. It does not include charges for the operating room, anesthesia, laboratory tests, x-rays, blood transfusions or special treatments and examinations ordered by your physician. Additional charges are made for special services and medical and surgical supplies necessary in your care and treatment. Your physician's fees are not included in your hospital bill, nor are the fees of other physician specialists, such as radiologists, anesthesiologists or other consulting physicians to whom you may be referred by your doctor. You will receive a separate bill for services from each of them.

Because hospital insurance plans vary, we recommend that you carefully read the terms of your policy. Some contracts limit the number of days and/or the amount of coverage under the terms of the plan. Some require pre-admission certification. Some policies have deductibles. Please bring all your medical insurance cards and any special forms required on the day of preadmission testing or admission day. Items not covered by insurance, such as deductibles and private rooms, are payable in full at the time of admission.

For your convenience, we accept MasterCard and Visa. If you wish to discuss a financial problem or payment, contact the Business Office from 8 a.m. to 4 p.m., Monday through Friday.

NOTIFYING YOUR INSURANCE

Patients are responsible for contacting their insurance carrier (if required) prior to elective admission and 24/48 hours after Emergency Room admittance. Refer to your contract to ensure compliance with the terms of your plan.

GRATUITIES

Our staff and volunteers are pleased to serve you. Gratuities are neither expected nor permitted. If you wish, you may express your appreciation in a letter to the President, or by making a tax-deductible donation to the hospital in the name of a patient, employee or unit.

RIGHTS & RESPONSIBILITIES

A PATIENT'S BILL OF RIGHTS

As a patient, you have the right, consistent with New York State 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, 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 with 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 refer to "Appointing a Health Care Proxy" on the next page.
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the Hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge and obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and an 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 Department of Health. The Hospital must provide you with the telephone number of the Department.
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.

PATIENT RESPONSIBILITIES

We ask each patient to kindly observe the following policies which demonstrate the mutual respect and cooperation necessary to provide the delivery of quality health care services.

1. To provide, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health; to report unexpected changes in his or her condition to the practitioner; and to report whether he or she comprehends a contemplated course of action and what is expected of him or her.
2. To follow treatment plan recommended by his or her primary practitioner, which may include following instructions of nurses and other health personnel. To keep appointments, and to notify the practitioner or hospital if he or she is unable to do so.
3. The patient is responsible for his/her actions if he/she refuses treatment or does not follow practitioner's instructions.
4. The patient is responsible for ensuring financial obligations for his or her health care as promptly as possible.
5. The patient is responsible for following hospital rules and regulations.
6. The patient is responsible for considering the rights of other patients and hospital personnel and for assisting in control of noise, smoking and number of visitors; and for being respectful of the property of other persons and of the hospital. The patient is to be courteous and considerate of other patients and hospital staff.

Your cooperation will enhance our ability to give you the best possible care.

ST. JOHN'S RIVERSIDE HOSPITAL

ANDRUS PAVILION

St. John's Riverside Hospital, a 407-bed community hospital, has been providing quality health care for the communities of Yonkers and southern Westchester since 1869. St. John's staff of 400 highly skilled physicians represent almost every medical and surgical specialty. They utilize St. John's state-of-the-art medical technology, including a new Angiography Suite in our sophisticated Radiology Department with 64 slice CT Scan and MRI and an expanded Breast Imaging Center of Excellence with Mammotome (Breast lump biopsy and removal) capability.

The only maternity department in Yonkers boasts the most private, modern and luxurious Labor, Delivery and Recovery suites available and a wide range of educational programs from early pregnancy and childbirth preparation to breast-feeding and childcare. The Smithers Alcoholism Treatment and Training Center include specialized units for inpatient detoxification and rehabilitation from alcohol and other drugs.

A wide variety of inpatient and outpatient health care services in newly renovated surroundings are available at both Andrus Pavilion and ParkCare Pavilion, including:

- Comprehensive Cardiology Services including Diagnostic Cardiac Catheterization
- 24-hour Emergency Care Center with Fast Track Services
- Bloodless Medicine Program
- Wound Healing Center
- Minimally Invasive Surgery including Laser and Laparoscopy
- Convenient Ambulatory Surgery Services
- Military Health Program for Active Duty, Retirees, Veterans and Spouses
- Holistic Care Services
- Occupational Medicine
- Pastoral Care Services
- The Hope Center
- Behavioral Health Services
- Smithers Alcoholism Treatment and Training Center
- Physical Medicine, Respiratory Therapy and Laboratory Services
- Community Outreach and Educational Programs
- Health Solutions, a fee for service program
- Physician Referral Service and Information Center (914) 964-4DOC

DOBBS FERRY PAVILION

Dobbs Ferry Pavilion of St. John's Riverside Hospital has been providing quality health care since 1893. Dobbs Ferry Pavilion's staff of over 250 highly skilled physicians represent almost every medical and surgical specialty and utilize state-of-the-art medical technology.

A wide variety of inpatient and outpatient health care services are available at Dobbs Ferry Pavilion of St. John's Riverside Hospital, including:

- Westchester Surgical Oncology – Ashikari Breast Center
- Breast Center of Excellence
- Ambulatory Surgery Center
- Diagnostic Imaging Center with 24/7 MRI & CT Scan
- Cardiac Stress Testing – inpatient and outpatient
- Digital Mammography – inpatient and outpatient
- EKG & EEG Programs - inpatient and outpatient programs
- Emergency Department – 24 hour service
- 24-Hour Laboratory
- Medical-Surgical Units – inpatient
- Military Health Services
- Nutrition Counseling – inpatient and outpatient
- Pain Management
- Physical Therapy – inpatient
- Sleep Diagnostic Center
- Surgical Weight Loss Center
- Ultrasound and Nuclear Medicine Services

St. John's Riverside is accredited by the New York State Health Department and Joint Commission on Accreditation of Hospitals. St. John's is committed to the highest standards of health care.

ABOUT THE HEALTH CARE PROXY

ABOUT THE HEALTH CARE PROXY

This is an important legal form. Before signing this form, 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, except to the extent 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 you say otherwise, your agent will be allowed to make all health care decisions for you, including decisions to remove or withhold life sustaining treatment.
3. Unless your agent knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), he or she will not be allowed to refuse those measures for you.
4. Your agent will start making decisions for you when doctors decide that you are not able to make health care decisions for yourself.

You may write on this form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.

If you want to give your agent written instructions, do so right on this form. For example, you could say:

- If I become terminally ill, I do/don't want to receive the following treatments...
- If I am in a coma or unconscious, with no hope of recovery, then I do/don't want...
- 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...

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

- Artificial respiration
- Artificial Nutrition and Hydration
- Cardiopulmonary Resuscitation (CPR)
- Anti-Psychotic Medication
- Electric Shock Therapy
- Antibiotics
- Psycho Surgery
- Dialysis
- Transplantation
- Blood Transfusions
- Abortion
- Sterilization

Talk about choosing an agent with your family and/or close friends. You should discuss this form with a doctor or another health care professional, such as a nurse or continuing care coordinator, before you sign it to make sure that you understand the types of decisions that may be made for you. You may also wish to give your doctor a signed copy. You do not need a lawyer to fill out this form.

You can choose any adult (over 18), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent, or as your attending doctor; a physician 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. You should ask staff at the facility to explain those restrictions.

You should tell the person you choose that he or she will be your health care agent. You should 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.

Even after 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. You can cancel the control given to your agent by telling him or her or your health care provider orally or in writing. In addition you will be asked about your wishes regarding organ donation.

FILLING OUT THE PROXY FORM

- Item 1. Write your name and the name, home address and telephone number of the person you are selecting as your agent.
- Item 2. If you have special instructions for your agent, you should write them here. Also, if you wish to limit your agent's authority in any way, you should say so here. 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.
- Item 3. You may write the name, home address and telephone number of an alternate agent.
- Item 4. This form 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 the Health Care Proxy to expire.
- Item 5. You must sign and date the proxy. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Two witnesses at least 18 years of age must sign your proxy. The person who is appointed agent or alternate agent cannot sign as a witness.

Please remember that we are here first and foremost to serve you and to make your stay with us as comfortable and pleasant as possible. Don't hesitate to ask for assistance or information.

THE 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 _____
Your 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.

Your 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 _____
Name of Witness (print) Name of Witness (print)

_____ Date _____
Name of Witness (print) Name of Witness (print)

Signature _____ Signature _____
Address _____ Address _____
