Appointment Card

Improving Care for People Who Use Drugs and Other Impacted Populations

For: ________________________________

Date: __________________ Time: _______ □ AM □ PM

Provider: ________________________________

Address: ________________________________

Phone: ________________________________

Please bring:

□ Photo ID card  □ Health insurance card  □ ______________
Your Rights as a Patient

All patients have a right to:

- Have a family member, peer navigator, or other adult go with you to medical appointments
- Have an interpreter or translator if needed
- Receive medical care with respect, without discrimination, and in a clean and safe environment
- Receive complete information about your health and any medical conditions
- Participate in all decisions about your care and treatment
- Refuse services and know how this may affect your health

Source: PHL 2803 (1)(g) Patient’s Rights, 10NYCRR, 405.7,405.7(a)(1),405.7; HIPAA Privacy Rule 45 CFR 164.510(b)