



## **Omnibodied NP PLLC**

### **Patient Bill of Rights & Responsibilities**

Effective Date: October 22, 2025

**Entity:**

Omni Health, Shatika James, DNP, NP in Family Health PLLC,  
a New York professional limited liability company,  
doing business as Omni Health NP and Omnibodied NP  
("the Practice")

**Address:**

100 Fisher Avenue #237  
White Plains, NY 10606

Email: [connect@omnihealth.live](mailto:connect@omnihealth.live)

### **Your Rights as a Patient**

1. Receive considerate, respectful, and professional care without discrimination based on age, race, color, creed, religion, national origin, sexual orientation, gender identity, disability, or source of payment.
2. Expect privacy and confidentiality of all communications and medical records in accordance with HIPAA and New York State law.
3. Receive clear, understandable information regarding diagnoses, treatment options, alternatives, and anticipated outcomes.
4. Ask questions freely and receive answers in a manner you can understand.
5. Participate actively in decisions regarding your care, including the right to refuse treatment or seek a second opinion.

6. Access, review, and obtain copies of your medical records within legally required timeframes and request corrections when appropriate.
7. Receive referrals or appropriate transfers when additional or specialized care is medically indicated.
8. Receive care through secure, HIPAA-compliant telehealth technologies and be informed of the benefits, limitations, and risks of virtual care.
9. Understand the cost of services prior to receiving care and request itemized receipts or superbills when applicable.
10. Voice concerns, complaints, or grievances regarding care or privacy without fear of retaliation.

## **Complaints and Grievances**

Concerns or complaints may be submitted to:

Compliance Officer  
Omni Health NP PLLC  
100 Fisher Avenue #237  
White Plains, NY 10606  
Email: [connect@omnihealth.live](mailto:connect@omnihealth.live)

## **Your Responsibilities as a Patient**

1. Provide complete, accurate, and honest information regarding your medical history, symptoms, medications, and other relevant health details.
2. Participate responsibly in your care, including following agreed-upon treatment plans and promptly reporting concerns or side effects.
3. Treat clinicians, staff, and representatives of the Practice with courtesy and respect. Abusive, threatening, or discriminatory behavior will not be tolerated.
4. Use telehealth services appropriately by ensuring a private environment, maintaining a stable connection, and avoiding unsafe activities during sessions.
5. Pay for services at the time of booking unless alternative arrangements have been made.
6. Comply with all Practice policies, including the Terms of Service, Privacy Policy, and Telehealth Consent, as a condition of continued services.

## **Acknowledgment**

By using the services of the Practice, you acknowledge that you have read, understood, and agree to the Patient Bill of Rights & Responsibilities as outlined above.