



# Welcome Guide

Derald H. Ruttenberg Treatment Center



**Mount Sinai** *The Tisch Cancer Institute*

1470 Madison Avenue  
(between East 101st and 102nd Streets)  
Third, Fourth, and Sixth Floors  
New York, NY 10029

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# Welcome

Thank you for choosing the Derald H. Ruttenberg Treatment Center at Mount Sinai for your care.

We have a long history of **excellence** in the treatment of cancer and blood disorders, and are committed to providing **outstanding, comprehensive care** with compassion and sensitivity to you and your loved ones. Our goals are to meet your needs while delivering the most advanced care for the best outcome with a high quality of life. Your health is our primary concern and we look forward to providing you with a full spectrum of services.

This guide will give you an idea of what to expect on your first visit. We will do our best to make your visit as comfortable, efficient, and stress-free as possible.

Always feel free to ask questions and let us know of concerns you might have. Our entire team—physicians, nurses, other health care professionals, and support staff—is here to help.



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## Team Approach

Your health care team is composed of leading experts and highly-skilled medical professionals. Members of the team may include physicians with advanced training in Hematology and Medical Oncology, radiation oncologists, surgical oncologists, pathologists, nurse practitioners, physician assistants, registered nurses, clinical social workers, nutritionists, and pharmacists.

Physicians in specialties such as Cardiology, Pulmonology, Interventional Radiology, and Stem Cell Transplantation are consulted as needed. As a patient at Mount Sinai, you have access to the finest specialists. We can quickly arrange these appointments.

We believe our multidisciplinary, collaborative approach is the best way to treat you as a whole person and address your health care needs in a comprehensive fashion.

As an academic medical enterprise, the Mount Sinai Health System is affiliated with the Icahn School of Medicine at Mount Sinai. You might sometimes encounter residents and fellows (physicians in training) and medical students who are learning from senior faculty. We are proud to participate in the education of the next generation of cancer and blood disorder experts.



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## Our Services

Patients treated at the Ruttenberg Treatment Center have access to a range of treatments, including chemotherapy, biological therapy, and bone marrow transplant. In addition, we can offer many of our patients the opportunity to enroll in clinical trials and thereby access the newest available therapies.

For more information on our range of services, please visit:

<https://www.mountsinai.org/locations/ruttenberg-treatment-center/services>



## What to Expect on Your First Visit

Your first appointment may take several hours. Knowing what to expect can help prepare you for the experience. We are here to support you and answer any questions you may have.

### During Your Visit

- Please arrive at least 30 minutes before your scheduled appointment in order to complete the registration process.
- You will be asked to review your demographic information— address, phone number, email, emergency contact, insurance, etc.— and make any needed updates.
- We will draw your blood to check your lab values. We will also check your vital signs (height, weight, pulse, blood pressure, temperature, etc.) before your physician sees you.
- Your physician will go over your condition and create a treatment plan with you as well as provide you with helpful information.

Cancer and blood disorder care is complex, and we want to give every patient the help and information they came for, without rushing. It can take time to receive and review blood work results from the lab. You may experience moderate wait times as we provide quality care for each patient.

For more information about your visit, please visit:

<https://www.mountsinai.org/locations/ruttenberg-treatment-center/visit>



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# What to Bring to Your First Visit

## Personal Information

- Medical records from your referring physician
- Your health insurance card
- Your Social Security number
- Social Security number of insured, if not you
- Any physician referrals required by your health insurer

## Completed Forms

- **Hematology Oncology Personal History Form**
- **Authorizations and Assignments**
- **Use of Information Authorization**
- **Agreement to Receive Messages Containing PHI at Home**
- **Health Care Proxy Form**

**The Health Care Proxy (HCP)** Form allows you to appoint someone you trust – such as a family member or close friend – to make health care decisions on your behalf if you lose the ability to make decisions yourself. This person becomes your health care agent and must follow the instructions on this form that is completed by you. You can designate certain or all health care decisions to your agent. Even after this form is signed, you still have the right to continue making health care decisions for yourself as long as you are able to do so. Having a HCP ensures that your medical treatment instructions are carried out; this is especially important if you and your family disagree about treatment.

**It is very important that you complete this form.**

The HCP form, additional information about it, and instructions for completing it can be found on pages 22-26. Please let us know if you have any questions.



## Oncology Care Unit

## Clinical Trials

We have a dedicated 24/7 ambulatory unit to address urgent medical needs of cancer and blood disorder patients cared for at the Ruttenberg Treatment Center. For more information, please inquire with your clinical team.

Your physician may determine that you are eligible for participation in a clinical trial.

Clinical trials are research studies that involve humans. They provide a mechanism for testing new treatments in a safe, structured manner and collecting data that enables statistically valid analysis. They provide access to novel treatment approaches that incorporate vaccines and new agents that are often not available outside the clinical trial setting.

Clinical trials are important for making progress in advancing treatments for cancer and blood disorders and associated complications and for making sure that patients have access to the most effective care.

Every clinical trial has specific eligibility criteria. Your physician will determine whether you are a candidate for a clinical trial and are likely to benefit from it. If you are eligible for a clinical trial, your physician and our research team will review with you the

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# Clinical Trials

(Continued)

“Informed Consent” form, which describes the study and its potential benefits as well as potential safety concerns related to treatment. You will have time to review this document at home and have any additional questions answered before making a decision regarding trial participation.

Information about clinical trials can be found on our website at:

<https://icahn.mssm.edu/research/tisch/clinical-trials/patients>

Additional information about clinical trials can be found at

<http://clinicaltrials.gov>



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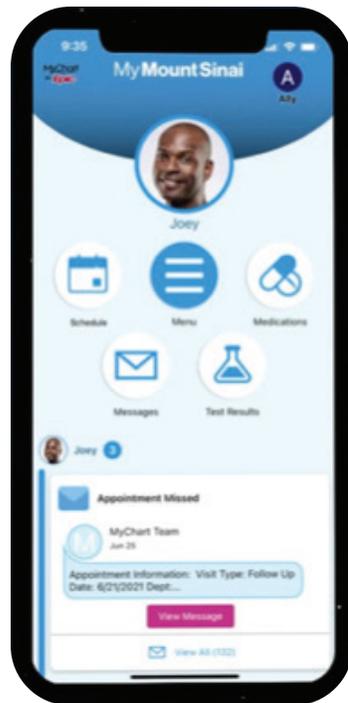
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# Your Medical Information

## My MountSinaiApp

MyMountSinai App provides personalized and secure online access to Mount Sinai physicians and services, and portions of your medical records. It enables you to securely use the Internet to help manage and receive information about your health.

### Use the MyMountSinaiApp to:



- View your health summary from the MyMountSinaiChart electronic health record
- Find a physician
- Schedule in-person and video visit appointments
- Complete all necessary paperwork ahead of time
- View test results
- Send non-urgent messages to your physician or health care team
- Request prescription renewals
- Access trusted health information and resources
- Show proof of vaccination
- Find your way around the Rutenberg Treatment Center and the Mount Sinai Hospital complex

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# Your Medical Information

(Continued)

You can use this app - available for both web and mobile - to access more information about your care, schedule appointments, and communicate with your physician.

Please ask one of our team members for an activation code to complete the registration.

If you have any questions, you can call us at **855-343-3470** or visit us online at [mountsinai.org/mymountsinaiapp](https://mountsinai.org/mymountsinaiapp)



**Scan this QR code**

with your mobile device  
to download the free  
MyMountSinai app

## **Billing**

Mount Sinai's Patient Financial Services department is committed to providing caring and responsive service. While Mount Sinai will bill your insurance directly if possible, you may also receive a bill for costs, which may include self-pay responsibility, co-pays, a co-insurance, or a deductible.

Mount Sinai's billing structure is divided among many services, which include physician services, hospital, pathology, imaging, diagnostic testing, and others. Each service generates its own bills. What may be considered one service to you could be many different services in terms of billing. All services will be billed to your insurance, if possible, but you may be responsible for some of the charges yourself.

Each bill you receive will have a phone number and account number printed on it. Please call the number on the bill if you have questions about it.

You can also find billing information on your MyMountSinaiChart account, and even pay many of your bills online.

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## Understanding Your Bills

(Continued)

### Outside Lab Charges

If any diagnostic testing is done by an outside lab that is not part of Mount Sinai, you will receive a separate bill from that lab.

### Insurance

All insured patients should familiarize themselves with the terms of their insurance coverage, including commercial insurance carriers, HMOs, Medicare, and Medicaid. This will help you understand which services are covered and what your responsibilities are, if any. Insurance providers have varying policies and many require prior authorization for services. It is your responsibility to confirm insurance coverage for planned treatment.

If you have any questions regarding your insurance coverage, please call Patient Financial Services at **212-731-3600**.



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## Support and Wellness Services

### Social Workers

Our experienced social workers provide cancer and blood disorder support services with a focus on a comprehensive patient care experience that addresses emotional, practical, and social needs for you and your family. They offer supportive counseling services and access to resources and special programs in and outside the Mount Sinai Health system. They provide information about transportation, disability, entitlements, financial assistance, legal assistance, meal programs, wigs and head coverings, and more.

If you are admitted to the hospital, social workers will support you throughout your stay and will assist with planning your discharge and developing a plan for services that you might need when you return home. They will also coordinate with outpatient support services to ensure a smooth transition from inpatient care.

### Support Services

The Social Work Department offers a full array of programs that are available to all patients. These programs include support groups, creative arts, pet assisted therapy, massage therapy, and more, and are available to all patients.

Printed calendars of support and wellness activities can be found in patient waiting areas. These calendars are also available on tablets in the waiting areas.

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# Support and Wellness Services

(Continued)

Located on the fourth floor, the Patient Resource Center offers educational information, as well as information about support and wellness programs and community resources.

## Language and Communication Assistance

Qualified medical interpreters for spoken languages are available at no cost. Services are available 24/7 and include:

- Over-the-phone interpretation services for more than 200 languages
- Video remote interpretation services
- In-person interpretation services through staff or agency interpreters (requires advance notification)
- American Sign Language
- Video remote interpreters are available at designated locations throughout the hospital complex.
- In-person interpreters are available (requires advance notification).
- Assistive Devices
- Public video phones are available at designated locations throughout the hospital complex.

Additional information about language assistance and translation services can be found on the Mount Sinai website:

[www.mountsinai.org/about/language-accessibility](http://www.mountsinai.org/about/language-accessibility)

For assistance, contact the Language Assistance Program:

**212-241-2700**

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# Support and Wellness Services

(Continued)

## Support Source - Fact Sheets

We have numerous fact sheets that provide information and coping suggestions based on common experiences of cancer and blood disorder patients.

You can access these fact sheets at

<https://www.mountsinai.org/locations/ruttenberg-treatment-center/support/fact-sheets>

For more information or to speak to a professional about any of these topics, please ask a member of your care team for a referral to our support services team.

## Location

### Where We Are Located

1470 Madison Avenue

(between East 101st and 102nd Streets)

Third, Fourth, and Sixth Floors

New York, NY 10029

You can click [here](#) to input your starting location and get directions.

### How to Get Here via Public Transportation

For the most up to date information about public transportation, visit

<https://new.mta.info/>

**Subway:** #6 to 96th Street and Lexington Avenue. Walk west on 96th Street to Madison Avenue, cross Madison, and turn right. 1470 Madison Avenue is between East 101st and 102nd Streets. It is about a 15-minute walk from the subway to Rittenberg.

**Bus:** The M1, M2, M3, M4, M96, M98, and M106 stop within several blocks of Rittenberg.

### From Pennsylvania Station

**Bus:** Exit station onto Seventh Avenue and 32nd Street. Cross Seventh Avenue and continue on 32nd Street to mid-block. (You will be on 32nd Street between Sixth and Seventh Avenues.) Take the M4 bus to Madison Avenue and East 101st Street. 1470 Madison Avenue is on the west side of the avenue.

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## Location

(Continued)

**Subway and Bus (fastest):** From within Penn Station follow signs for subway #1, #2, or #3 uptown. Take any of these subways to 96th Street and Broadway. On 96th Street, pick up the 96th Street crosstown bus heading east. Madison Avenue is the second stop after going through Central Park. Walk north on Madison Avenue to 1470 which will be across the street.

### From Grand Central Station

Bus: Exit station. Walk west to Madison Avenue (about 5 minutes). Take the M1, M2, M3, or M4 to Madison Avenue and East 101st Street. 1470 Madison Avenue is on the west side of the avenue.

**Subway (fastest):** From within Grand Central Station, follow signs for subway #6 uptown. Take the subway to 96th Street and Lexington Avenue. Walk west on 96th Street to Madison Avenue, cross Madison, and turn right. 1470 Madison Avenue is between East 101st and 102nd Streets. It is about a 15-minute walk from the subway to Rittenberg.

### Parking

- Drive to the Mount Sinai Parking Facility on the northwest corner of Madison Avenue and East 104th Street. The attended lot is open from 5 am to 10 pm Monday through Friday.
- Identify yourself as a Rittenberg Treatment Center patient. You will leave your key and the attendant will park your car.

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## Location

(Continued)

- A shuttle bus runs between the parking lot and Ruttenberg Treatment Center every 20 minutes from 7 am to 7 pm. It is a 5-minute ride between the parking lot and Ruttenberg. The shuttle can accommodate wheelchairs and walkers.
- The cost of parking, including shuttle service, is \$20 per day, payable when you register at Ruttenberg. At registration, please request a parking permit to place in your front windshield for future visits.
- On Saturdays only, Ruttenberg patients may park in the Mount Sinai Hospital Garage and receive the special rate of \$20 per day. The garage is located on East 99th Street between Madison and Park Avenues.
- Please observe Mount Sinai's No Tipping Policy

### Finding Your Way Around: Mount Sinai Hospital Map App

- 1.** Go to the Apple Store (iOS) or Google Play (Android) and search for "Mount Sinai Hospital Map" and click "download."
- 2.** Once downloaded, find the app on your phone's home screen and tap the icon.
- 3.** When the application opens, you'll be prompted to allow the app to use your current location. Please select "allow" if you'd like real time turn by turn directions at the hospital.

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# Location

(Continued)

**4.** Select the location where you would like directions. (Real time blue dot location only available at The Mount Sinai Hospital).

**5.** Select the Map Button. You will be prompted to allow the application to use Bluetooth. Please select “Ok” if you would like real time turn by turn directions at the hospital.

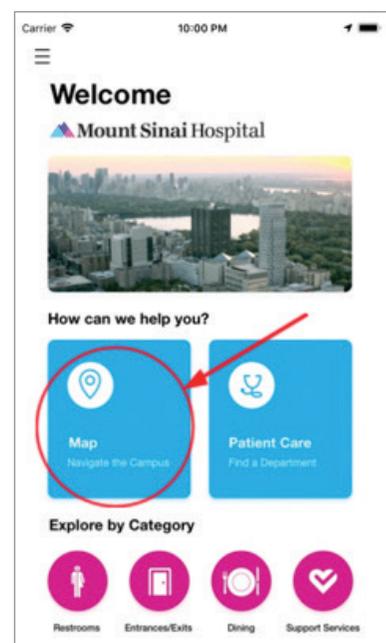
**6.** Use the search bar to find your destination.

**7.** Once you have found your destination, select it, then select “Create Route.”

**8.** If you are at the hospital, the app will determine your current location to begin your route. If you are not, you can also search for your starting point.

**9.** Once your location is acquired, select “Start Route” to begin receiving turn by turn directions to your final destination.

**10.** As you walk your route, you will see a blue dot representing your location in the hospital. As you proceed down the route, directions at the top of the map will continue to update and guide you to your destination.



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## Location

(Continued)

You can also use this app to find the nearest restroom, entrances and exits, dining, and support services.

The app can also be accessed on a desktop computer via

[maps.mountsinai.org](https://maps.mountsinai.org)

### Internet Access

Complementary WiFi is available in most areas of the Mount Sinai Hospital complex for patients and visitors.

### Feedback

#### **Administered for Mount Sinai by Press Ganey and Quality Reviews**

Our priority is high quality, patient-centered care. After your visit, you will have the opportunity to answer our patient experience survey.

We are always working on enhancing the patient experience and would appreciate your feedback. If you have any issues or concerns that need immediate attention, please let us know.

## Important Phone Numbers

|   |                     |
|---|---------------------|
| <b>Main Ruttenberg Number</b> (Scheduling)  | <b>212-241-6756</b> |
| <b>Multiple Myeloma</b>   | <b>212-241-7873</b> |
| <b>Bone Marrow Transplant</b>   | <b>212-241-6021</b> |
| <b>Language Assistance and Interpreter Services</b>                                 | <b>212-241-2700</b> |
| <b>Department of Spiritual Care</b>   | <b>212-241-7264</b> |
| <b>Radiology Associates</b>   | <b>212-241-8426</b> |
| <b>Patient Financial Services</b><br>Insurance and billing questions                | <b>212-731-3600</b> |
| <b>Security</b><br>The Security Communications Center is<br>staffed 24 hours a day. | <b>212-241-6068</b> |
| <b>Medical Records</b> (Records Request)  | <b>212-241-7601</b> |
| <b>Social Work Department</b><br>Office hours: 9 am to 5 pm, Monday through Friday  | <b>212-241-6800</b> |

**In the event of  
an emergency requiring  
immediate attention,  
call 911 or go to the  
Emergency Department.**



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## About the Health Care Proxy Form

**The New York State Health Care Proxy Form is an important legal document.**

Before signing, you should understand that:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless 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 your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. Appointing a health care agent is voluntary. No one can require you to appoint one.
4. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
5. You may write on this form any examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.
6. You do not need a lawyer to fill out this form for you.
7. You may choose any adult (18 years of age or older), 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 because a doctor 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. Ask staff at the facility to explain those restrictions.
8. Before appointing someone as your health care agent, discuss your health care wishes and this form with them to make sure he or she is willing to act as your proxy. If they consent, be sure to provide them with a signed copy of the Health Care Proxy form. Your health care agent cannot be sued for health care decisions made in good faith.
9. If you name your spouse as your health care proxy and you later become divorced or legally separated, your former spouse will no longer be your agent, by law. If you would like your former spouse to remain as your agent, you may note this on your current form and date it or complete a new form.
10. You have the right to continue making health care decisions for yourself as long as you are able to do so, even after you sign this form. Treatment cannot be given to you or stopped if you object and your proxy will not have any legal power to make health care decisions for you.
11. You may revoke your proxy's authority at any time by informing your agent or health care provider verbally or in writing.
12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

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# Healthcare Proxy Form

(Continued)

## Health Care Proxy Form Instructions

### Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent.

### Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

### Item (3)

Your Health Care Proxy 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 your Health Care Proxy to expire.

### Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. 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 lifesustaining treatment. If you want to give your agent broad authority, you may do so right on the form. Simply write:

I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration. If you wish to make more specific instructions, you could say:

*If I become terminally ill, I do/don't want to receive the following types of treatments:...*

*If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following types of treatments:...*

*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 the following types of treatments:....*

*I have discussed with my agent my wishes about and I want my agent to make all decisions about these measures.*

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

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

# Healthcare Proxy Form

(Continued)

## Health Care Proxy Form Instructions

### **Item (5)**

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

### **Item (6)**

You may state wishes or instructions about organ and /or tissue donation on this form. New York law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your health care agent, your decedent's agent, your spouse, if you are not legally separated, or your domestic partner, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death.

### **Item (7)**

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed as your agent or alternate agent cannot sign as a witness.

# Healthcare Proxy Form

(Continued)

## New York State Health Care Proxy Form

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.

# Healthcare Proxy Form

(Continued)

## New York State Health Care Proxy Form

### 5) Your Identification (please print)

Your Name \_\_\_\_\_

Your Signature \_\_\_\_\_

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.

Name of Witness 1 \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_

Address \_\_\_\_\_

Name of Witness 2 \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_

Address \_\_\_\_\_