

TWO RIVERS SURGERY CENTER PATIENT RIGHTS

- I. The patient shall be informed of his/her rights as evidenced by written documentation of a signed copy of the patient's statement of rights and a verbal explanation given, in terms that the patient can understand. The signed copy of the Statement on Patient Rights will be placed in the patient's chart as part of the permanent medical record.
- II. The patient will be informed of the services offered at the Surgery center, the names of the professional staff and their professional status of who is providing and/or responsible for their care.
- III. The patient will be informed of the fees and related charges, including the payment, fee, deposit, and refund policy of the Surgery Center and any charges not covered by third-party payers or by the Surgery Center's basic rate.
- IV. The patient will be informed of other health care and educational institutions participating in the patient's treatment.
- V. The patient will be informed of the identity and the function of these institutions, and he/she has the right to refuse the use of such institutions.
- VI. The patient will be informed, in terms that the patient can understand, of his/her complete medical/health condition or diagnosis, the recommended treatment, treatment options, including the option of no treatment, risks of treatment, and expected results. If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, then the information will be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly will be documented in the patient's chart.
- VII. The patient will participate in the planning of his/her care, and has the right to refuse such care and medication. Upon refusal it will be documented in the patient's chart.
- VIII. The patient will be included in experimental care if the patient has agreed to such and gives written and informed consent to such treatment, or when a guardian has consented to such treatment. The patient also has the right to refuse such experimental treatment.
- IX. The patient has the right to voice grievances or recommend changes in policies and services to the Surgery Center personnel, the governing authority and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination, or reprisal.
- X. The patient will be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of the Surgery Center's personnel.
- XI. The patient will be assured of confidential treatment of information about him/herself. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another healthcare facility to which the patient was transferred requires that information, or unless the release of the information is required or permitted by law, a third party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutory authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.

- XII. The patient will receive courteous treatment, consideration, respect and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient.
- XIII. The patient will not be required to work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules.
- XIV. The patient has the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient.
- XV. The patient will not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.
- XVI. The Administrator will provide upon request to all patients and their families, the names, addresses, and telephone numbers of the following offices where complaints may be lodged:
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| Division of Health Facilities Evaluation and Licensing | State of New Jersey Office of the Ombudsman for |
| New Jersey Department of Health | Institutionalized Elderly |
| PO Box 367 Trenton, NJ 08625-0367 | PO Box 808 Trenton, NJ 08625-808 |
| (609) 792-9770 | (609) 624-4262 |
- Or: the Website for the Office of the Medicare Beneficiary Ombudsman:**
www.medicare.gov/navigation/help-and-support-ombudsman.aspx
- XVII. The Administrator shall also provide all patients and/or their families, upon request, the names, addresses and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained.
- XVIII. Addresses and telephone numbers contained in XVI will be conspicuously posted throughout the facility, including, but not limited to, the admissions waiting room, the patient service area of the business office, and other public areas.
- XIX. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with N.J.A.C.8:43E-6
- XX. If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
- XXI. If a State court has not adjudged a patient incompetent, a legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

In addition, the facility must comply with the following requirements:

- i.) Provide the patient or, as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directives forms.
- ii.) Inform the patient or, as appropriate, the patient's representative of the patient's right to make informed decisions regarding the patient's care.
- iii.) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.

The facility must also disclose, where applicable, physician financial interests or ownership in the facility. Disclosure of information must be in writing and furnished to the patient in advance of the date of the procedure.

The facility must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands.

PATIENT'S RESPONSIBILITIES

In order to provide you, the patient, with the optimal quality of care, we ask that you comply with the following responsibilities:

- 1. You, or your family, will provide information about past illnesses, hospitalization, medication and other matters relating to your health history*
- 2. You will cooperate and follow the care prescribed or recommended for you by your physician, nurses, or allied health personnel.*
- 3. You will notify your physician or nurse if you do not understand your diagnosis, treatment or prognosis.*
- 4. You will advise your nurse, physician, or nurse manager or any dissatisfaction you may have regarding your care at the facility.*
- 5. You will assume financial responsibility for services rendered, either through third party payers (your insurance company) or through self-payment for services not covered by your insurance company.*
- 6. You will not take drugs which have not been prescribed by your attending physician and administered by the staff; and you will not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during your stay.*
- 7. You will abide by the facility rules and regulations and be considerate of the rights of other patients and facility personnel*
- 8. You will be courteous to the treating staff.*

I have read and understood and agree to abide by the Two Rivers Surgery Center Patient Rights and Responsibilities.

Patient Signature

Date