

## **STATE OF NEW JERSEY PATIENT RIGHTS**

As a patient of the Center, you have the following rights under state law and regulations.

### **MEDICAL CARE**

**To** receive the care and health services that the Center is required by law to provide.

**To** exercise your rights without being subject to discrimination or reprisal.

**To** have the right to personal privacy and to receive care in a safe setting.

**To** change providers.

**To** receive an understandable explanation from your physician of your complete medication condition, recommended treatment, expected results, risks involved and reasonable medical alternative. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin.

**To** give informed written consent prior to the start of specified, non-emergency medical procedures or treatments. Your physician should explain to you, in words you understand, specific details about the recommended procedure or treatment, any risks involved, time required for recovery, and any reasonable medical alternatives to make the decision based on that information.

**To** refuse medication and treatment after consequences of this decision have been explained clearly to you, unless the situation is life threatening or the procedure is required by law.

**To** be included in experimental research only if you give informed, written consent. You have the right to refuse to participate.

### **COMMUNICATION AND INFORMATION**

**To** be informed of the names, credentials, and functions of all healthcare professionals providing you with personal care.

**To** receive, as soon as possible, the services of a translator or interpreter, if you need one to help you communicate with the Center's healthcare personnel.

**To** be informed of the names and functions of any outside healthcare and educational institutions involved in your treatment. You may refuse to allow their participation.

**To** receive, upon request, the Center's written policies and procedures regarding life-saving methods and the use or withdrawal of life support mechanisms and the use of or information regarding an Advanced Directive.

**To** be advised, in writing, the Center's rules regarding the conduct of patients and visitors.

**To** receive a summary of your patient rights, that includes, the name and phone number of the Center's staff member to whom you can ask questions or complain about a possible violation of your rights.

**To** be informed about Advanced Directives.

**To** information about services provide by the organization

**To** receive instructions for provisions for afterhours care

### **MEDICAL RECORDS**

**To** have prompt access to the information in your medical record. If your physician feels that this access is detrimental to your health, your next of kin or guardian has the right to see your record.

**To** obtains a copy of your medical record at a reasonable fee, within 30 days after a written request to the Center. To expect that your medical records will be held in strict confidentiality and released only with your permission as per State and Federal laws.

## **COST OF AMBULATORY SURGICAL CENTER CARE**

**To** be notified if your physician has a financial interest in the Center.

**To** receive a copy of the Center's payment rates. If you request an itemized bill, the Center must provide one and explain any questions you may have. You have the right to appeal any charges.

**To** be informed by the Center if part or your entire bill will not be covered by insurance. The Center is required to help you obtain any public assistance and private healthcare benefit to which you may be entitled.

## **DISCHARGE PLANNING**

**To** receive information and assistance from your attending physician and other healthcare providers if you need to arrange for continued healthcare after your discharge from the Center.

## **TRANSFERS**

**To** be transferred to another facility only when you or your family has made the request, or in instances where the Center is unable to provide you with the care you need.

**To** receive an advanced explanation from a physician of the reasons for your transfer and possible alternatives.

## **PERSONAL NEEDS**

**To** be treated with courtesy, consideration, and respect for your dignity and individuality.

**To** have access to storage space for private use. The Center must also have a system to safeguard personal property.

## **FREEDOM FROM ABUSE AND RESTRAINTS**

**To** be free from physical, mental abuse and pain.

**To** be free from restraints unless they are authorized by a physician for a limited period to protect the safety of you or others. Drugs shall not be used for discipline or for the convenience of personnel.

## **PRIVACY AND CONFIDENTIALITY**

**To** have physical privacy during medical treatment and personal hygiene functions unless you need assistance, confidential treatment of information about you. Information in your records will not be released to anyone outside the Center without your approval unless it is required by law.

## **LEGAL RIGHTS**

**To** treatment and medical services without discrimination based on age, religion, national origin, sex, sexual preference, handicap, or diagnosis.

**To** exercise all your constitutional, civil, and legal rights.

**To** voice grievances and/ or complaints.

**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 the state law to act on the patient's behalf.

**If** a state court has not adjudged to patient legal representative or surrogate designated by the patient in accordance with the state law, it may exercise the patient's rights to the extent allowed by state law.

**The** patient, or as appropriate, the patient's representative is provided written information concerning the Center's policies on Advanced Directive, including a description of applicable state health and safety laws and if requested, official state advance directive forms.

**The** patient, or as appropriate, the patient's representative is informed of the patient's rights to make an informed decision regarding the patient's care.

**Documentation** in a prominent part of the patient's current medical record will indicate whether or not the individual has executed an Advanced Directive.

**As a patient, you are responsible for:**

1. Providing physician and the Center personnel with accurate information related to your condition and care.
2. Providing information on any current medication including over the counter, prescription, herbal, and dietary substances including dosages.
3. Following your treatment plans. Patients are responsible for medical consequences which result from refusing treatment or not following instructions of physicians and the Center's personnel.
4. Provide a responsible adult to transport him/her from the facility and remain with them for 24 hours.
5. Inform their provider about any living wills or power of attorney.
6. Being considerate of the Center's staff who is committed to excellence in patient care.
7. Supplying accurate insurance information and pay bills promptly so that the Center can continue to serve you effectively.
8. Accept personal fiscal responsibility for any charges not covered by their insurance.

**New Jersey Department of Health & Senior Services  
Healthcare Systems Analysis Complaint Program  
PO Box 360  
Trenton, NJ 08625  
Complaint Hotline: 800-792-9770**

**Administrator  
Summit Medical Group ASC  
1 Diamond Hill Rd.  
Berkley Heights, NJ 07922**

**Medicare Questions and / or Complaints  
Call 1-800-MEDICARE (1-800-633-4227)  
TTY users should call 1-877-2048**

<https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home>