

## Patient's Rights, Responsibilities and Notification of Physician Ownership

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

### PATIENT'S BILL OF RIGHTS

Every patient has the right to be treated as an individual with his/her RIGHTS respected. The facility and medical staff have adopted the following list of patient's rights

### PATIENT'S RIGHTS

To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;

To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;

To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;

To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall 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, shall be documented in the patient's medical record;

To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;

To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;

To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or

outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal

To 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 facility personnel;

To confidential treatment of information about the patient

Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the Department of Health for statutorily-authorized purposes.

The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked

To be treated with courtesy, 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

To not be required to perform 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

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

To 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

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

To be informed of their right to change providers if other qualified providers are available

#### **PATIENT RESPONSIBILITIES**

Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities

Follow the treatment plan prescribed by his/her provider and participate in his/her care

Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, of required by his/her provider

Accept personal financial responsibility for any charges not covered by his/her insurance

Be respectful of all the health care professionals and staff, as well as other patients

#### **IF YOU NEED AN INTERPRETER**

Please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

## **RIGHTS AND RESPECT FOR PROPERTY AND PERSON**

### **THE PATIENT HAS THE RIGHT TO**

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

### **THE PATIENT HAS THE RIGHT TO**

- Privacy and Safety
- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

Jefferson Surgery Center -- Cherry Hill complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Jefferson Surgery Center -- Cherry Hill cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Jefferson Surgery Center -- Cherry Hill respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Jefferson Surgery Center -- Cherry Hill 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

## **ADVANCE DIRECTIVES**

An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in New Jersey Statutes § 26:2H-53 through 78. In the state of New Jersey, all patients have the right to decide what medical treatment they want or do not want to receive. They can decide in advance what treatment they would want, and put that decision in writing, or they may name someone else who understands and shares their values, to exercise that right for them. Under New Jersey Law, there are three kinds of Advance Directives: Proxy, Instruction Directive ("Living Will") or Combined Directive.

[http://www.state.nj.us/health/advancedirective/documents/njsa\\_26.2h.53.pdf](http://www.state.nj.us/health/advancedirective/documents/njsa_26.2h.53.pdf)

You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms are provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative) prior to the procedure being performed. Patients are asked to bring copies of their Advance Directives with them to the surgery center.

Jefferson Surgery Center -- Cherry Hill respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

### **COMPLAINTS/GRIEVANCES**

If you believe the care provided to you in a hospital by a doctor was improper, you may file a complaint with the Board of medical examiners. However, Because the regulation of ambulatory surgery centers is under the jurisdiction of the New Jersey Department of Health. If you believe you received improper care, you should contact the DOH Complaint section at (800) 792-9770. Complaints can be filed online: [http://www.nj.gov/health/healthfacilities/file\\_complaint.shtml](http://www.nj.gov/health/healthfacilities/file_complaint.shtml)

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**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman. **Medicare Ombudsman Web site:** [www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)

**Office of the Inspector General:** <http://oig.hhs.gov>

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:

AAAHC

5250 Old Orchard Road, Suite 200

Skokie, IL 60077

Phone: 847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

### **PHYSICIAN OWNERSHIP**

**Physician Financial Interest and Ownership:** **Physician Financial Interest and Ownership:** the physicians own the facility, in part. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

### **THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:**

Rothman Institute of New Jersey  
Caitlin Innerfield, MD