

# University Center for Ambulatory Surgery, LLC

## PATIENT RIGHTS

**POLICY:** Each patient receiving care in this ambulatory Center shall have the following rights:

1. 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 Center shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the Center;
2. To be informed of services available in the Center, 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 Center and any charges for services not covered by sources of third-party payment or not covered by the Center's basic rate;
3. To be informed if the Center 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;
4. 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), before it is performed. 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;
5. To participate in the planning of the patient's care and treatment, and to refuse medications and treatment. Such refusal shall be documented in the patient's medical record;
6. 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;
7. To voice grievances or recommend changes in policies and services to Center personnel, the Board of Directors, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. To be free from mental and physical abuse, free from exploitation, free from all forms of harassment, 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 Center personnel;
9. To confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the Center without the patient's approval, unless another health care Center 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 New Jersey State Department of Health for statutorily authorized purposes. The Center may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to personal privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when Center personnel are discussing the patient;
11. To not be required to perform work for the Center 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;
12. 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;
13. 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 Center; and
14. 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. 8:43A-16.3 Notice

## University Center for Ambulatory Surgery, LLC

- (a) The administrator shall provide all patients and/or their families upon request with the name, addresses, and telephone numbers of the following offices where complaints may be lodged:

<p>Dorene Winters, <b>Director of Nursing</b> University Center for Ambulatory Surgery, LLC 2 World's Fair Drive – 3<sup>rd</sup> Floor Somerset, New Jersey</p>	<p>New Jersey Department and Senior Services Division of Health Facilities Evaluation and Licensing/Complaint Unit PO Box 367, Trenton, NJ 08625-0367 Complaint Hotline: 800-792-9770, Select #1</p>	<p>New Jersey department of Human Services Division of Medical Assistance and Health Services PO Box 712, Trenton, NJ 08625- 0712 Tele: 800-356-1561</p>
<p>Centers for Medicare and Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244-1850 Tele: 800-633-4223</p>	<p>State of New Jersey Office of the Ombudsman for Institutionalized Elderly PO Box 808 Trenton, New Jersey Tele: 877-582-6995 <a href="http://www.nj.gov/publicadvocate">www.nj.gov/publicadvocate</a></p>	

- (b) The administrator shall also provide all patients and/or their families upon request with the names, addresses, and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained at:

<p><b>Field Office</b> 610 Franklin Blvd. Somerset, NJ 08873-1144 Phone: (732)846-6499 FAX: (732) 846-5713</p>	<p><b>Central Office</b> 73 East High Street Somerville, NJ 08876-0936 Phone: (908) 526-8800 FAX: (908) 203-9991</p>	<p><b>Field Office</b> 391-D Somerset Street North Plainfield, NJ 07060 Phone: (908)561-9400 FAX: (908) 561-6567</p>
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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

The website for the Medicare Ombudsman is: <http://www.cms.hhs.gov/center/ombudsman.asp> is available to the public and ASC patients to get information about the Medicare and Medicaid programs, prescription drug coverage, and how to coordinate Medicare benefits with other health insurance programs. The website also includes information about filing a grievance or complaint.

- (c) Addresses and telephone numbers contained in (a) and (b) above shall be conspicuously posted throughout the Center, including, but not limited to, the admissions waiting area or room, the patient service area of the business office, and other public areas.

15. The patient has the right to information regarding credentialing of Health Care Professionals at the Center.
16. The patient has the right to refuse any treatment, except as otherwise provided by law.
17. The patient has the right to choose his/her own pharmacy.
18. The patient has the right to receive care in a safe setting.

**Each patient receiving care in this Ambulatory Center shall have the following responsibilities:**

Patients are required to:

1. 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.
2. Follow the treatment plan prescribed by his/her provider
3. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the provider
4. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care
5. Accept personal financial responsibility for any charges not covered by his/her insurance
6. Be respectful of all the health care providers and staff, as well as other patients.