

PATIENT RIGHTS AND RESPONSIBILITIES

POLICY: This is to ensure that all patients receiving care in this Center shall have his/her rights observed, respected, and enforced by the Health Care providers of this Center from Clinical Staff to Business staff and any other personnel that has contact and/or provides services to the Patient. The following are the rights of the patient receiving care in this Center.

1. The patient shall be provided in writing of his/her rights in before their procedure, in terms that the patient can understand. A signature acknowledging receipt of written notification of these rights shall be obtained on the day of the procedure; and will be obtained by the patient and or legal guardian and placed in the patient's chart as part of the permanent medical record.
2. The patient will be informed of the services offered at the Center, the names of the professional staff and their professional status of who is providing and/or responsible for their care, including information on the Center's provisions for emergency and after hours and emergency care.
3. The patient will be informed if requesting information of the fees and related charges, including the payment, fee, deposit, and refund policy of the Center and any charges not covered by third-party payers or by the Center's basic rate.
4. The patient will be informed of other Health Care and Educational Institutions participating in the patient's treatment.
5. 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.
6. 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.
7. 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 and witnessed.
8. 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, including the investigation of new drugs and medical devices.
9. The patient has the right to voice grievances or recommend changes in policies and services to the Center personnel, the Governing Authority and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination, or reprisal.
10. 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 Center's personnel.
11. 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 Center without the patient's approval, unless another Healthcare Center 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 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.
12. 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 Center personnel are discussing the patient.
13. The patient will not be required to 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.

38. 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.
39. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law

The Administrator will provide upon request to all patients and/or their families, the names, addresses, and telephone numbers of the following offices where complaints may be lodged:

Division of Health Facilities
Evaluation and Licensing
New Jersey Department of Health
PO Box 367
Trenton, NJ 08625-0367
800-792-9770

State of New Jersey
Office of the Ombudsman for the
Institutionalized Elderly
PO Box 808
Trenton, NJ 08625-808
609 943-4023
877-582-6995 toll free

Patients can communicate concerns about patient safety issues that occur before, during and after care is received by contacting:

Jeffrey Turek, Administrator
SJVSC
200 Century Parkway, Suite E
Mt. Laurel, NJ 08054

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 Medicare Ombudsman is available to the public and the Center's patients to get information about the Medicare and Medicaid programs, prescription drug coverage, and how to coordinate Medicare benefits with other health insurance programs. Information about filing a grievance or complaint can be obtained from their website, by mail or via phone.

CMS Medicare Contact Information:

Telephone: 1-800-MEDICARE 24 hours 7 days including some federal holidays
TTY/TDD users can call 1-877 486 2048. This system is available 24 hours 7 days per week.

Mailing address:

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore MD 21244-1850

The website for the Medicare Ombudsman is: <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Complaints may also be sent to:

Accreditation Association for Ambulatory Health Care
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
Tel: 847.853.6060
Fax: 847.853.9028
Email: info@aaaahc.org