

Shrewsbury Surgery Center

655 Shrewsbury Avenue

Shrewsbury, NJ 07702

732-450-6000

PATIENT'S BILL OF RIGHTS

New Jersey Administrative Code § 8:43A-16.2 Rights of each patient. Each patient receiving services in an ambulatory care facility shall have the following rights:

- I. 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;
- II. 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;
- III. 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;
- IV. 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;
- V. 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;
- VI. 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;
- VII. 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;
- VIII. 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;
- IX. To confidential treatment of information about the patient.
 - a. 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 for statutorily-authorized purposes.
 - b. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
- X. 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;
- XI. 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;
- XII. 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;
- XIII. 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; and
- XIV. 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.

PATIENT RESPONSIBILITIES

As a patient at Shrewsbury Surgery Center the patient has the following responsibilities:

- I. Providing caregivers, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health. Patients and their families must report perceived risks in unexpected changes in their condition.
- II. Patients must ask questions when they do not understand their care, treatment, and service or what they are expected to do.
- III. Patients must follow the care, treatment and service plan developed. They should express any concerns about their ability to follow the proposed care plan or course of care, treatment and services.
- IV. Be considerate of other patients and personnel and for assisting in the control of noise, eating, and other distractions.
- V. Patients and their families must follow the organization's rules and regulations during his/her stay and treatment.

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- VI. Patients and their families must be considerate of the organization's staff and property, as well as other patients and their property.
- VII. Patients should promptly meet any financial obligations to the facility.
- VIII. Patients should identify any patient safety concerns.
- IX. For after hour care for non-emergencies; the patients should contact their physician's office. For emergent after hour care the patient should call 911 and go to the nearest emergency room.
- X. Patients should provide a responsible adult to transport him/her home from the facility and remain with him/her.
- XI. Patients should inform his/her provider about a living will, medical power of attorney, or other directive that could affect his/her provider.

PATIENT SUGGESTIONS

To make a suggestion you can contact Tania Brito, MSN by phone at 732-450-6000 ext. 3011 or by mail at:

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655 Shrewsbury Avenue
Shrewsbury, NJ 07702

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact Tania Brito, MSN facility Administrator by phone at 732-450-6000 ext. 3011 or mail at:

Shrewsbury Surgery Center
655 Shrewsbury Avenue
Shrewsbury, NJ 07702

Complaints and grievances may also be filed through:
New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 367
Trenton, NJ 08625-0367
Phone: 800-792-9770

Or

State of New Jersey, CMS Regional Office
DHHS/CMS/DMSO, CLIA Program
26 Federal Plaza, Room 37-130
New York, NY 10278
Phone: 212-616-2450

Or

AAAHC
5250 Old Orchard Road, Suite 200
Skokie, Illinois 60077
Phone: 847-853-6060

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office of the Medicare Beneficiary Ombudsman <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or by calling: 800-624-4262

ADVANCED DIRECTIVE NOTIFICATION

In the State of New Jersey, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Shrewsbury Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, Shrewsbury Surgery Center does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in- fact, that if an adverse event occurs during the your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

DISCLOSURE OF OWNERSHIP

Shrewsbury Surgery Center is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician **does /does not (circle as appropriate)** have a financial interest in this facility.

By signing this document, I acknowledge that I have read and understand its contents:

X _____

Patient/Patient Representative Signature

Date