

As a Patient, you have the Right:

1. To be informed of your rights, offered a copy of the rights and given a written or verbal explanation in terms you can understand;
2. To be informed of services available in the facility, the names and professional status of the personnel providing and/or responsible for your 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;
3. To be informed if the facility has authorized other health care and educational institutions to participate in your treatment. The right to know the identity and function of these institutions, and to refuse to allow their participation in your treatment;
4. To receive from your physician(s) or clinical practitioner(s), in terms you can understand, an explanation of your 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 your health, or if you are not capable of understanding the information, the explanation shall be provided to your next of kin or guardian;
5. To participate in the planning of your care and treatment, and to refuse medication

and treatment. Such refusal shall be documented in your medical record;

6. To be included in experimental research only when you give informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with laws, rule and regulation. You 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 facility personnel, the governing authority, and/or outside representatives of your 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, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect you or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;
9. To confidential treatment of your medical information. Information in your medical record shall not be released to anyone outside the facility without your approval, unless another health care facility to which you are 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 NJ State Department of

Health for statutorily authorized purpose. The facility may release data about you for studies containing aggregated statistics when your identity is masked;

10. To be treated with courtesy, consideration, respect, and recognition of your dignity, individuality and right to privacy, including, but not limited to auditory and visual privacy. A patient's privacy shall also be respected when facility personnel are discussing a patient's condition;
11. To not be required to perform work at the facility unless the work is part of your treatment and is performed voluntarily by you. 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, practices, or any attendance at religious services, shall be imposed upon you; and
13. To not be discriminated against because of age, race, religion, sex, nationality, ability to pay, or deprived of constitutional, civil and/or legal rights solely because of receiving services from the facility.

As a Patient, You Are Responsible for:

1. Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate

practitioner(s).

2. Following the treatment plan recommended by the primary practitioner involved in your case.
3. Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
4. Indicating whether you clearly understand a contemplated course of action and what is expected of you.
5. Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your case.
6. Assuring that the financial obligations of your health care are fulfilled as expeditiously as possible.
7. Providing information about and/or copies of any living will, power of attorney or other advance directives that you desire us to know about.

If you have any questions regarding your rights or responsibilities or, if you have any complaints or grievances on how these rights were or were not administered, you may speak to the Executive Director and the management team will conduct an investigation into your issue.

The Executive Director may be reached at 973-831-5461; or, you mail your concerns to:

Executive Director
West Parkway Ambulatory Surgery Center
PO Box 515
Pompton Plains, NJ 07444

You may also register complaints with the state through the following:

Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, NJ 08625-0367
Telephone: (609) 792-9770

And

State of New Jersey
Office of the Ombudsman for the Institutionalized Elderly
PO Box 808
Trenton, NJ 08625-0808
Telephone: (609) 624-4262

Medicare has a customer service center to help with your questions:
Empire Medicare
One Brunswick Circle
1333 Brunswick Avenue
Lawrenceville, NJ 08648
Phone: 609/826-5600 .

For Medicaid Questions you may contact:
Medical Assistance Hotline
800-356-1561
NJ Department of Human Services
James M. Davy, Commissioner

www.state.nj.us/humanservices/dmahs/dhsmec/ml



NOTICE OF PATIENT RIGHTS

Collins Pavilion, 97 West Parkway
Pompton Plains New Jersey 07444

973-831-5061

973-831-5203 fax