

Meadows Surgery Center, LLC  
75 Orient Way Rutherford, NJ 07070  
TEL: 201-661-7500 FAX: 201-661-7525

## State of New Jersey Patient Rights

As a patient of this Center, you have the following rights (under state law and regulations):

### MEDICAL CARE

- To receive the care and health services that the center is required by law to provide.
- To receive an understandable explanation from your physician of your complete medical condition, recommended treatment, expected results, risks involved and reasonable medical alternative. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin.
- To give informed written consent prior to the start of specified, non-emergency medical procedures or treatments.
- To be informed by your physician, in words you understand, specific details about the recommended procedure or treatment, any risks involved, time required for recovery, and any reasonable medical alternatives.
- To refuse medication and treatment after possible consequences of this decision have been explained clearly to you, unless the situation is life-threatening or the procedure is required by law.
- To change your primary and/or specialty physicians if other qualified physicians are available.
- To expect to receive appropriate assessment, management and treatment of pain as an integral component of your care.
- To information concerning credentialing of healthcare professionals in the center.
- To be included in experimental research only if you give informed, written consent. You have the right to refuse to participate.

### COMMUNICATION AND INFORMATION

- To be informed of the names and functions of all health care professionals providing you with personal care.
- To receive, as soon as possible, the services of a translator or interpreter if you need one to help you communicate with the Center's health care personnel.
- To be informed of the names and functions of any outside health care and educational institutions involved in your treatment. You may refuse to allow their participation.
- To be informed if your physician does not have malpractice insurance coverage.
- To receive, upon request, the Center's written policies and procedures regarding life-saving methods and the use or withdrawal of life support mechanisms.
- To be advised in writing of the Center's rules regarding the conduct of patients and visitors.
- To receive a summary of your patients rights that includes the name and phone number of the Center staff member to whom you can ask questions or complain about a possible violation of your rights.

### MEDICAL RECORDS

- To have prompt access to the information in your medical record. If your physician feels that this access is detrimental to your health, your next of kin or guardian has the right to see you record.
- To obtain a copy of your medical record, at a reasonable fee, within 30 days after a written request to the Center.

### COST OF AMBULATORY SURGICAL

- To receive a copy of the Center's payment rates. If you request an itemized bill, the Center must provide one and explain any questions you may have. You have the right to appeal any charges.
- To be informed by the Center if part of or your entire bill will not be covered by insurance. The Center is required to help you obtain any public assistance and private health care benefits to which you may be entitled.

### DISHARGE PLANNING

- To receive information and assistance from your attending physician and other health care providers if you need to arrange for continuing health care after your discharge from the Center.
- You the patient must be accompanied upon discharge by a responsible adult to transport you home and said person must remain with you for 24 hours if required by your doctor.

### TRANSFERS

- To be transferred to another facility only when you or your family has made the request or in instances where the Center is unable to provide you with the care you need.
- To receive an advanced explanation from a physician of the reasons for your transfer and possible alternatives.

### PERSONAL NEEDS

- To be treated with courtesy, consideration, and respect for your dignity and individuality.
- Your health care providers and facility staff are to be treated with courtesy, consideration and respect for their dignity and individuality by you, the patient.
- To have access to storage space for private use. The Center must also have a system to safeguard your personal property.

### FREEDOM FROM ABUSE AND RESTRAINTS

- To be free from physical and mental abuse.
- To be free from restraints, unless they are authorized by a physician for a limited period of time to protect the safety of you or others.

### PRIVACY AND CONFIDENTIALITY

- To have physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
- To confidential treatment of information about you. Information in your records will not be released to anyone outside the Center without your approval, unless it is required by law.

### LEGAL RIGHTS

- To treatment and medical services without discrimination based on age, religion, national origin, sex, sexual preference, handicap, or diagnosis.
- To exercise all your constitutional, civil, and legal rights. Complaints regarding care/lack of report to:

### QUESTIONS AND COMPLAINTS: You may directly contact

N.J. Department of Health and Senior Services  
Healthcare Systems Analysis  
Complaint Program  
P.O. Box 360  
Room 601  
Trenton, New Jersey 08625  
Complaints Hot Line at 800-792-9770

Office of Medicare Beneficiary Ombudsman

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

### THIS CENTER'S REPRESENTATIVE

Rebecca A. Vitillo RN, LN, MSJ, Director of Nursing / Administrator  
75 Orient Way  
Rutherford, NJ 07070  
Tel: 201-661-7500  
Fax: 201-661-7525

I acknowledge that I have received a copy of the New Jersey Patient's Rights.

\_\_\_\_\_  
Signature of Patient/Representative/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness