

Patient Rights

As a patient at Toms River West Ambulatory Surgery Center, LLC, we wish to inform you of your legal rights and your responsibilities prior to providing you care and services.

As a patient at Toms River West Ambulatory Surgery Center (“the Center”), you have the right to:

- Be informed of these rights, as evidenced by the patient’s written acknowledgement or by documentation by staff into your patient medical record indicating you the patient has been offered a written copy of these rights, received a written copy of these rights, and provided a verbal explanation of these rights, in terms you the patient could understand.
- Be informed of all services in the facility, including the names and professional status of the personnel involved in the patient’s treatment plan. The right to expect that the staff have been fully credentialed and are competent to perform the treatments and procedures for which they have privileges. To be informed of all fees, related charges, and of any financial responsibility the patient will be responsible or expected to pay including the fee, deposit, and refund policy of The Center including charges not covered by sources of third-party payment (insurance premiums) or not covered by The Center’s basic rate.
- Be informed if the Center is involved in research, education and human experimentation affecting his/her treatment. If the Center has authorized other health care and educational institutions to participate in the patient’s treatment. The patient shall have the right to know the identity and function of these institutions, and to refuse to allow their participation in the patient’s treatment. Each patient has the right to refuse his/her participation in research, education, and human experimentation or medication evaluation of any type. The patient has the right to participate in the planning of his/her own care or treatment plan.
- Obtain from their physician(s) or clinical practitioner their diagnosis, treatment plan and prognosis in a language clearly understandable in “lay” terms. In addition, the patient has the right to know the names of individuals involved in his/her procedure, including anesthesia and surgical assistants. The right to know his or her complete medical/health condition or diagnosis, recommended treatment options, including the option of no treatment, risk(s) 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, the explanation shall be provided to, the patient’s next of kin, guardian or authorized representative. The release of information to the next of kin, guardian, or authorized representative along with the reason for not informing the patient directly is required documentation in the patient’s medical record.
- To participate in the planning of the patient’s own care and treatment plan, and to refuse medication and/or treatment. The patient’s refusal shall be documented in the patient’s medical record.
- The right to make suggestions regarding changes in policies and procedures of the Center without reprisal. The Center has a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient’s (or authorized representative) written or verbal grievance to the Center. To voice grievances or recommend changes in policies and services to facility personnel, the Executive Board, and/or outside representatives of the patient’s choice either individually or as a group, free from interference, restraint, coercion, discrimination or reprisal. A grievance form is provided to the patient and or authorized representative for documenting the grievance. The Center will not retaliate, take punitive action, or discriminate against a patient merely because he/she has exercised his/her patient rights.
- Confidential treatment of information about the patient. The Center has embraced and enforces HIPPA regulations regarding the patient’s right to privacy. Information in the patient’s medical record shall not be released to anyone outside the facility without the patient’s approval, and permission and request. Transfer of information is permitted under the following circumstances:
 - a) Patient was transferred to another facility and the facility requires the information.
 - b) Unless the release of the information is required and permitted by law, a third- party payment contract or a peer review.
 - c) The New Jersey Department of Health or other appropriate organization needs information for statutorily authorized purposes.

A facility may release data about the patient for studies containing aggregated statistics when a patient’s identity is masked.
- Be treated with courtesy, consideration, respect, and recognition of the patient’s dignity, individuality, and the right to privacy, including but not limited to, auditory and visual privacy. The patient’s privacy shall be respected when the facility personnel are discussing the patient.

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- Be treated with dignity, receive courteous, considerate care. At The Center, each individual is approached as the human being he/she is.
- To exercise civil and religious liberties, including the right to independent personnel decisions. No religious belief or practices; or any attendance at religious services, shall be imposed on the patient.
- To not be discriminated against because of age, race, gender identity, religion, gender sexuality, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.
- 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.
- Request the facility's fee schedule.
- Obtain information regarding relationships between the organization and other healthcare or educational institutions as far as care is concerned. Patient also has the right to obtain information as to the existence of any professional relationships among individuals involved in his/her care. This includes physician ownership.
- Have a family member, friend or other designated individual be present for emotional support throughout the course of stay, to be informed of any clinical restriction or limitation on such rights.

Patient Responsibilities:

- 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.
- To inform truthfully regarding the presence, or absence, of an adult care person to attend for Patient post-operative instructions discussion and transportation. 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.
- To ask questions when they do not understand their care, treatment, and service or what they are expected to do.
- Following the treatment plan, pre-operative and post-operative instructions and for asking questions to clarify where his/her understanding of such instructions unclear or questionable as recommended Patients must

follow the care, treatment and service plan developed. The patient should express any concerns and ask questions, making sure he/she understands the treatment plan. The patient's ability to follow the proposed care plan or course of care, treatment and services is clarified.

- Be considerate of other patients and personnel and for assisting in the control of noise, eating, and other distractions.
- Patients and their families must follow the organization's rules and regulations during his/her stay and treatment.
- Patients and their families must be considerate of the organization's staff and property, as well as other patients and their property.
- Patients should promptly meet any financial obligations to the facility.
- Patients should identify any patient safety concerns.
- 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.
- Patients should provide a responsible adult to transport him/her home from the facility and remain with him/her.
- Patients should inform his/her provider about a living will, medical power of attorney, or other directive that could affect his/her provider.

<i>GRIEVANCES</i>
Division of Health Facilities Evaluation and Licensing New Jersey State of New Jersey Department of Health P.O.Box 367 Trenton, New Jersey 08625-0367 1-800-792-9770
State of New Jersey Office of Ombudsman for the Institutionalized Elderly P.O. Box 852 Trenton, New Jersey 08625-0367 1-877-582-6995
State of New Jersey, CMS Regional Office DHHS/CMS?DMSO, CLIA Program 26 Federal Plaza Room 37-130 New York 10278 1-212-616-2450
The Joint Commission 1 Renaissance Boulevard Oakbrook Terrace, IL 60181 1-877-223-6866 of Fax 630-792-5636

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections

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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>