

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.

Pediatric Patient Rights

As a pediatric patient at Toms River West Ambulatory Surgery Center, LLC you have special rights added to the general Patient Rights and Responsibilities we would like to share with you.

You have the RIGHT to:

A. Respect

- a. Have people tell you their names, what is going on and why
- b. Feel lots of different feelings, and for people to understand that sometimes you may need to cry if you feel afraid or hurt
- c. To expect respect for each child and adolescent as a unique individual

B. Privacy

- a. Have people honor your privacy
- b. Have your information shared with people who need to know so they can assist in your care

C. Information

- a. Get information about your care in a language you can understand
- b. Ask questions
- c. Information about what to expect prior to, during and following your procedure or experience, providing support to help parent and child cope with it
- d. To tell us about yourself, how you feel and what you need

D. Support

- a. Talk or play with people who know how to help you when you have questions or a problem
- b. Spend as little time waiting and go home as quickly as possible after your procedure or surgery
- c. Be as comfortable and have as little pain as possible

E. Family-Centered Care

- a. Have members of your healthcare team meet with you and your parent and/or family member to plan your care in the best way for you
- b. Bring your favorite toy or blanket, things to make you feel safe and comfortable while you are with us
- c. Have your parent or family member participate in your care, to be with you when things about your care or surgery are explained to you
- d. Receive care regardless of race, color, religion, age, sex, gender identity or expression, national origin, disability or sexual orientation

F. Choices

- a. Choose what you want when possible and have us support your choices
- b. Family and child participation in the plan of care

G. Flexibility

- a. Our team will consider your needs and your interests
- b. Time to rest, warmth and freedom to play, explore, and to learn in ways to help you feel your best.
- c. Keep your stay to the least amount of time possible, communicating your discharge plan and confirming your understanding of the information we give you

H. Self-Esteem

- a. Reassuring presence of a caring person, most especially a parent or grandparent
- b. Encouragement to express your feelings or fears with appropriate reactions
- c. Recognition and reward for coping well during a difficult situation
- d. Opportunity to work through this experience verbally, in play, or in other appropriate methods specific to your needs