

Patients have rights and responsibilities as defined by the Patient's Bill of Rights and as supported by the State of New Jersey.

Legal Rights

- To treatment and medical services without discrimination based on age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment.
- To exercise all your constitutional, religious, civil, and legal rights.

Medical Care

- To receive the care and health services that the healthcare facility is required to provide.
- To receive an understandable explanation from your physician of your complete medical condition, recommended treatment, expected results, risks involved, and reasonable medical alternatives. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation will be given to your next of kin or guardian.
- To give informed written consent prior to the start of specified, non-emergency medical procedures or treatments only after your physician has explained to you, 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 be included in experimental research only if you give informed, written consent, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. You have the right to refuse to participate.

Pain Management

- To pain relief; to have appropriate assessment and ongoing reassessment of pain.
- To have appropriate management of pain taking into account personal, cultural, spiritual and/or ethnic beliefs.
- To receive information and education regarding pain, management of pain, potential limitations and potential side effects of pain treatment.

Communication & Information

- To be informed of the names and functions of all health care professionals providing you with personal care.
- Disclosure of physician financial interests or ownership in the Center.
- To change your provider if other qualified providers are available.
- To receive, as soon as possible, the services of a translator or interpreter if you need one to help you communicate with the facility's health care personnel: to receive communication services if you have vision, speech, hearing, or cognitive impairments in a manner that meet your needs.
- To be informed of provisions for after-hours and emergency care.
- To be informed of the names and functions of any outside health care and education institutions involved in your treatment. You may refuse to allow their participation.
- Advance directives, as required by state or federal law and regulations and if requested, official State advance directive forms.
- To receive, upon request, the facility's written policies and procedures regarding life-saving methods.
- To be advised in writing of the facility's rules regarding the conduct of patients and visitors.
- To receive a summary of your patient rights that includes the name and phone number of the healthcare facility staff member to whom you can ask questions or complain about any possible violation of your rights.
- Marketing or advertising regarding the competence and capabilities of the organization that is not misleading.
- To be informed of appropriate information regarding the absence of malpractice insurance coverage if applicable.
- The organization will inform the patient or surrogate decision maker about unanticipated outcomes of care, treatment, or services that relate to sentinel events.

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 a right to see your record; To obtain a copy of your medical record, at a reasonable fee, within 30 days after written request to the facility.
- To access your record pursuant to the provisions of N.J. Admin. Code § 8:43G-15.3 of the Public Health Law.

Cost of Facility Care

- To receive a copy of the facility fees for services, eligibility for third party reimbursement and, when applicable, the availability of free or reduced cost care payment rates. If you request an itemized bill, the facility must provide one and answer any questions you may have. You have a right to appeal any changes.
- To be informed by the facility if part or your entire bill will not be covered by insurance. The facility is required to help you obtain any public assistance and private health care benefits to which you may be entitled.

Privacy & Confidentiality

- To have physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
- 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. The patient's privacy shall also be respected when facility personnel are discussing the patient.
- To confidential treatment of information about you. Information in your records will not be released to anyone outside the healthcare facility without your approval, unless it is required by law. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.

Freedom from Abuse & Restraints

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

Transfers

- To be transferred to another facility only when you or your family has made the request, or in instances where the facility 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.
- To have access to storage space for private use. The facility has a system to safeguard your personal property.

Private Duty Nursing

- To contract directly with a New Jersey licensed registered professional nurse of the patient's choosing for private professional nursing care during his or her care. A registered professional nurse so contracted shall adhere to healthcare facility policies and procedures so long as these requirements are the same for private duty and regularly employed nurses. The facility, upon request, shall provide the patient or designee with a list of local non-profit professional nursing association registries that refer nurses for private professional nursing care.

Discharge 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 facility.
- To receive sufficient time before discharge to arrange for continuing health care needs.
- To be informed by the healthcare facility about any appeal process to which you are entitled by law if you disagree with the facility's discharge plans.

Patient Guardian

- The patient's guardian, next of kin, or legally authorized responsible person has the right to exercise the rights delineated on the patient's behalf, to the extent permitted by law, if the patient has been adjudicated incompetent in accordance with the law, has designated a legal representative to act on his / her behalf or is a minor.

Patient Rights Notification

- You or your representative will be notified of your rights, both verbal and written, prior to the start of the procedure in a language and manner that you understand.

Patient Responsibilities: *the patient has the responsibility to do the following:*

- The patient is encouraged to ask any and all questions of the physician and staff in order that he/she may have a full knowledge of the procedure and aftercare.*
- Follow the treatment plan prescribed by his/her provider and participate in his/her care.*
- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.*
- Provide the organization with information about their expectations of and satisfaction with the organization.*
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.*
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.*
- Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.*
- Accept personal financial responsibility for any charges not covered by his/her insurance.*
- Be respectful of all the health care providers and staff, as well as the other patients.*

Patient Questions & Complaints

- 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 free from restraint, interference, coercion, discrimination, or reprisal.
- A complaint or grievance should be registered by contacting the center administrator and/or patient advocate through the State Department of Health or Medicare. All complaints and grievances will be logged with the specific issue reported, the date the report was received (verbal or written), the resolution and the date of closure. The center will respond in writing with notice of how the grievance has been addressed within 30 days.

Administrator: Stella Zagata-Fee
Ambulatory Center for Endoscopy, LLC
7600 River Road, 4th FL/9226 JFK Blvd.
North Bergen, NJ 07047
Phone: (201) 705-1080
Email: szagata-fee@aceendoscopy.com

Medicare Beneficiary Ombudsman
1-800-MEDICARE 1-800-633-4227
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
P.O. Box 367, Trenton, NJ 08625-0367
Toll Free Hotline: 1-800-792-9770, Select #1
Fax: 609-943-4977 or 609-633-9060

Office of the Ombudsman for the Institutionalized Elderly
P.O. Box 852, Trenton, NJ 08625-0852
Toll Free Hotline: 1-877-582-6995
Fax: 609-943-3479
E-mail: PublicAdvocate@advocate.state.nj.us

For concerns about patient safety and quality of care that you feel have not been addressed appropriately by the center Administrator, you may contact:
The Accreditation Association for Ambulatory Health Care, 5250 Old Orchard Road Suite 200, Skokie, IL 60077,
E-mail: info@aaahc.org Tel: 847-853-6060 Fax: 847-853-9028

Advance Directives

- In accordance with N.J. Stat. § 26:2H-53 we must inform you of the center policy on Advance Directives. Advance directives include but are not limited to a health care proxy, consent to a do-not-resuscitate (DNR) order recorded in your medical record and a living will.
- Due to the fact that the Ambulatory Center for Endoscopy is an Ambulatory Surgery Center for the purpose of performing elective Endoscopy in a safe and uncomplicated manner, patients are expected to have an excellent outcome. If a patient should have a complication, the center staff will always attempt to resuscitate the patient and transfer that patient to a hospital in the event of deterioration.
- If a patient should provide his/her Directive, a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.
- In order to assure that the community is served by this center, information concerning advance directives/Healthcare proxy and DNR orders is available at the center and:

Information on Advance Directives

Help Line: 800-658-8898 Multilingual Line: 877-658-8896
Email: caringinfo@nhpco.org Website: www.caringinfo.org

Physician Participation: This is to inform you that your physician may have ownership in this center:

Dr. Caride Dr. Gonzalez Dr. Raskin Dr. Siegel Dr. Snady Dr. Sotiriadis Dr. Stoopack Dr. Tepler
Dr. M. Zapiach