

## The Patient's Bill of Rights & Responsibilities, Including Notification of Physician Ownership

Every patient has the right to be treated as an individual and to actively participate in and make informed decisions regarding his/her care. Advanced Endoscopy & Surgical Center, LLC and the Medical Staff have adopted the following patient rights and responsibilities, which are communicated to each patient or the patient's representative/surrogate prior to the procedure/surgery.

### **PATIENT'S BILL OF RIGHTS:**

Every patient has the right to be treated as an individual with his/her RIGHTS respected. Advanced Endoscopy & Surgical Center, LLC. and Medical Staff have adopted the following list of patient's rights:

### **PATIENT'S RIGHTS:**

#### **PATIENT'S RIGHTS: NJAC 8:43A-16.2**

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's 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 Advanced Endoscopy & Surgical Center, LLC. has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her 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 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 or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient 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 the patient's 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 the patient 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 information about the patient.
  - a. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was 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 Department for statutorily-authorized purposes.
  - b. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
10. To be treated with courtesy, consideration, respect, and recognition of the patient's 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;
11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. 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 or practices, or any attendance at religious services, shall be imposed upon any patient;
13. To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility; and
14. 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.

#### **PATIENT RIGHTS: AAAHC**

1. To be treated with respect, consideration, and dignity.
2. To be provided with personal privacy.
3. To receive care in a safe setting.
4. To be free from all forms of abuse or harassment.
5. To be free from any act of discrimination or reprisal.
6. To voice grievances regarding treatment or care that is (or fails to be) furnished.
7. To be fully informed about a treatment or procedure and the expected outcome before it is performed.
8. To be provided information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
9. To be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
10. If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
11. To be informed of their right to change providers if other qualified providers are available.

#### **PATIENT RESPONSIBILITIES**

1. 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.
1. Follow the treatment plan prescribed by his/her provider and participate in his/her care.
2. 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.
3. Accept personal financial responsibility for any charges not covered by his/her insurance.
4. Be respectful of all the health care professionals and staff, as well as other patients.

#### **Please note:**

- If you believe the care provided to you in a hospital by a doctor was improper, you may file a [complaint](#) with the Board of Medical Examiners. However, Because the regulation of hospitals is under the jurisdiction of the New Jersey Department of Health and Senior Services (DHSS), if you believe you received improper care at a hospital, you should contact the DHSS Complaint section at (800) 792-9770.

#### **If you need an interpreter:**

If you need an interpreter, **please let us know before your procedure**, and one will be provided for you.

If you have someone who can translate confidential, medical and financial information for you, please make arrangements to have them accompany you on the day of your procedure.

#### **Statement of Nondiscrimination:**

*Advanced Endoscopy & Surgical Center, LLC.* complies with applicable Federal civil rights laws and does not discriminate on the basis of: race, color, national origin, age, disability, or sex.

*Advanced Endoscopy & Surgical Center, LLC.* cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

*Advanced Endoscopy & Surgical Center, LLC.* 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

### **Advance Directives**

***An “Advance Directive” is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in New Jersey Statutes § 26:2H-53 through 78. In the state of New Jersey, all patients have the right to decide what medical treatment they want or do not want to receive. They can decide in advance what treatment they would want, and put that decision in writing, or they may name someone else who understands and shares their values, to exercise that right for them. Under New Jersey Law, there are three kinds of Advance Directives: Proxy, Instruction Directive (“Living Will”) or Combined Directive. [http://www.state.nj.us/health/advancedirective/documents/njsa\\_26.2h.53.pdf](http://www.state.nj.us/health/advancedirective/documents/njsa_26.2h.53.pdf)***

***You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility’s policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient’s representative) prior to the procedure being performed. Patients are asked to bring copies of their Advance Directives with them to the surgery center.***

*Advanced Endoscopy & Surgical Center, LLC. respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient’s condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.*

*If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient’s care.*

### **Complaints/Grievances:**

If you believe the care provided to you this surgery center and or by a physician was improper, you may file a complaint with the Board of Medical Examiners.

However, because the regulation of hospitals is under the jurisdiction of the New Jersey Department of Health and Senior Services (DHSS), if you believe you received improper care at this surgery center, you should contact the DHSS Complaint section at (800) 792-9770.

You may also complain to us, or the Secretary of Health and Human Services, if you believe your privacy rights have been violated by us. You may also file a complaint with us by notifying our privacy contacts: Francesco Russo, Administrator and/ or Tara Delnero, Director of Nursing at (732) 935-0031. WE will not retaliate against you for filing a complaint.

**State Website:** <http://www.state.nj.us/lps/ca/bme/bmeform.htm>

Medicare beneficiaries may also file a complaint with the Office of Medicare Beneficiary Ombudsman. **Medicare Ombudsman Web site:** <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:** <http://oig.hhs.gov>

Advanced Endoscopy & Surgical Center, LLC. is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:

**AAAHC**

**3 Parkway North Blvd, Ste 201**

**Deerfield, IL 60015**

*Phone: 847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)*

Physician Ownership

**Physician Financial Interest and Ownership: Physician Financial Interest and Ownership:** The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

**THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER: See Attached**

**Advanced Endoscopy & Surgical Center, LLC.  
142 Route 35 South, Eatontown, NJ 07725  
(732) 935-0031**

Label for Medical Records