



## **PATIENT RIGHTS AND RESPONSIBILITIES TEANECK SURGICAL CENTER**

- I. The patient shall be informed verbally and in writing of his/her rights in advance of the date of the procedure, in terms that the patient can understand. A signature acknowledging receipt of verbal and written notification of these rights in advance of the day of the procedure will be obtained by the patient and or legal guardian and placed in the patient's chart as part of the permanent medical record.
- II. The patient will be informed of the services offered at the Surgery Center, the names of the professional staff and their professional status of who is providing and/or responsible for their care, including information on the facilities provisions for emergency and after hours and emergency care.
- III. The patient will be informed of the fees and related charges, including the payment, fee, deposit, and refund policy of the Surgery Center and any charges not covered by third-party payers or by the Surgery Center's basic rate.
- IV. The patient will be informed of other health care and educational institutions participating in the patient's treatment.
- V. The patient will be informed of the identity and the function of these institutions, and he/she has the right to refuse the use of such institutions.
- VI. The patient will be informed, in terms that the patient can understand, of his/her complete medical/health condition or diagnosis, the recommended treatment, treatment options, including the option of no treatment, risks 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, then the information will 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 will be documented in the patient's chart.
- VII. The patient will participate in the planning of his/her care, and has the right to refuse such care and medication. Upon refusal it will be documented in the patient's chart.
- VIII. The patient will be included in experimental care if the patient has agreed to such and gives written and informed consent to such treatment, or when a guardian has consented to such treatment. The patient also has the right to refuse such experimental treatment.
- IX. The patient has the right to voice grievances or recommend changes in policies and services to the Surgery Center personnel, the governing authority and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination, or reprisal.
- X. The patient will 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 the Surgery Center's personnel.
- XI. The patient will be assured of confidential treatment of information about him/herself. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another healthcare facility to which the patient was transferred requires that information, or unless the release of the information is required or permitted by law, a third party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
- XII. The patient will receive courteous treatment, 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.

- XIII. The patient will not be required to 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.
- XIV. The patient has the right 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.
- XV. The patient has the right to expect and receive appropriate assessment management and treatment of pain as an integral component of that person's care.
- XVI. The patient has the right to information regarding credentialing of Health Care Professionals at the Center.
- XVII. The patient shall be informed verbally and by written notice in advance of the date of the procedure, of his/her physicians financial interest or ownership in the ASC; The signed copy of patient acknowledgement and notification of the physician financial interest or ownership will be placed in the patient's chart as part of the permanent medical record.
- XVIII. The patient shall be informed verbally and by written notice in advance of the date of the procedure, information on the ASC's policy on advance directives, including a description of applicable NJ health and safety laws and, if requested, official NJ advance directive forms. The signed copy of patient acknowledgement and notification of the ASC policy on advance directives will be placed in the patient's chart as part of the permanent medical record.
- XIX. The patient has the right to refuse any treatment, except as otherwise provided by law.
- XX. The patient will 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.
- XXI. The patient has the right to change their provider if other qualified providers are available.
- XXII. The patient has the right to be informed about procedures for expressing suggestions, including complaints and grievances, including those regulated by state and federal regulations.
- XXIII. The patient has the right not to be misled by marketing or advertising regarding the competence and capabilities of the organization.
- XXIV. The patient has the right to be provided with appropriate information regarding the absence of malpractice insurance coverage.
- XXV. The patient has the right to receive care in a safe setting free from all forms of abuse and harassment.
- XXVI. A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- XXVII. A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- XXVIII. A patient is responsible for following the treatment plan recommended by the health care provider.
- XXIX. A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- XXX. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- XXXI. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- XXXII. A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.
- XXXIII. A patient is responsible to provide complete and accurate information about his/her health, any medications, including herbals and over the counter supplements and any allergies or sensitivities
- XXXIV. A patient is responsible to follow the treatment plan prescribed by his/her provider.
- XXXV. A patient is responsible to provide a responsible adult to transport hi/her home from the facility and remain with him/her for 24 hours if required by his/her provider.
- XXXVI. A patient is responsible to inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care
- XXXVII. A patient is responsible to be respectful of all the health care providers and staff, as well as other patients.
- XXXVIII. The administrator will provide upon request to all patients and/or their families, the names, addresses, and telephone numbers of the following offices where complaints may be lodged:

Division of Health Facilities  
Evaluation and Licensing  
New Jersey Department of Health  
PO Box 367  
Trenton, NJ 08625-0367  
800-792-9770

State of New Jersey  
Office of the Ombudsman for the  
Institutionalized Elderly  
PO Box 808  
Trenton, NJ 08625-808  
609 943-4023  
877-582-6995 toll free

The administrator shall also provide all patients and/or their families, upon request, the names, addresses and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained

The website for the Medicare Ombudsman is: <http://www.cms.hhs.gov/center/ombudsman.asp> is available to the public and ASC patients to get information about the Medicare and Medicaid programs, prescription drug coverage, and how to coordinate Medicare benefits with other health insurance programs. The website also includes information about filing a grievance or complaint.

Addresses and telephone numbers contained in line 38 will be conspicuously posted throughout the facility, including, but not limited to, the admissions waiting room, the patient service area of the business office, and other public areas.

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## **TEANECK SURGICAL CENTER ADVANCE DIRECTIVES DISCLOSURE**

There are several different types of Advance Directives, including Living will, Health Care Proxy, Do Not Resuscitate

- A. Due to the elective nature of the procedures performed in this facility, Do Not Resuscitate orders are not honored in the facility. Patients wishing to maintain their status of Do Not Resuscitate will be given the option of scheduling their procedure in the hospital.
- B. No patient will be discriminated against based on whether or not that individual has executed an advance directive.
- C. Written information shall be provided to all adult patients at the time of admission concerning:
  - 1. An individual's rights under State law to make health care decisions, including the rights to accept or refuse medical or surgical treatment and the right to formulate advance directives;
  - 2. The Center's policy respecting these rights.
- D. Written follow-up information will be provided to all interested adult patients, their families and health care representatives upon admission. Said information shall include information and materials about advance directives and a description of the process by which a patient may obtain assistance in the execution of an advance directive.
- E. Physicians shall be encouraged to discuss advance directives with their patients prior to admission.
- F. Patient and staff education regarding patient rights and advance directives will be provided by The Center.
- G. A competent adult may execute an advance directive at any time. Once executed, the declarant may revoke an advance directive by the following means:

1. Notification, orally or in writing, to the patient's health care representative (if any), physician, nurse or other health care professional, or other reliable witness, or by any other act evidencing an intent to revoke the document.
  2. Execution of a subsequent advance directive.
    - i. An incompetent patient may suspend an advance directive by notification, orally or in writing, to the patient's health care representative (if any), physician, nurse or other health care professional, or other reliable witness, or by any other act evidencing intent to revoke the document.
- H. Valid advance directives will become a permanent part of a patient's medical record when made available.
- I. For more information and to download New Jersey's Advance Directive forms please visit: [http://nj.gov/health/healthfacilities/documents/ltc/advance\\_directives.pdf](http://nj.gov/health/healthfacilities/documents/ltc/advance_directives.pdf)

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## DISCLOSURE OF OWNERSHIP

Federal and state law requires we disclose our financial interest in Teaneck Surgical Center.

### ***Name of Physician Owners:***

Jen Lee, MD  
 John Owen, MD  
 Jonathan Archer, MD  
 Elizabeth Baker, MD

## IT IS EXTREMELY IMPORTANT THAT YOU PLEASE READ THE FOLLOWING DOCUMENTATION IN ITS ENTIRETY

### ***I. Scheduling***

Your surgeon's office will contact Teaneck Surgical Center to obtain a booking date. Our scheduler will contact your insurance carrier to verify if your procedure can be performed at our center and obtain an authorization number for the case if required by your insurance carrier.

### ***II. Pre-Admission Testing***

**If your physician has ordered pre-admission tests, you must have all tests completed one week prior to your procedure. Failure to have these studies completed in a timely manner may result in having your surgery postponed.**

### ***III. Pre-Operative Assessment***

You will receive a phone call from our pre-operative nursing staff prior to your scheduled case. You will be asked questions regarding your health and will be given instructions pertaining to your surgery. Please have available all **medications** you are taking as well any other pertinent medical information so you may assist the nurse and anesthesiologist in assessing your medical needs.

### ***VI. Day before Surgery***

You will be notified of your scheduled surgery time. **Please do not eat or drink anything after midnight regardless of the scheduled time of your procedure.**

### ***VI. Surgery Day***

Please arrive on time. Bring with you, your insurance cards both primary and secondary and another form of photo identification. If your surgeon has requested that you bring films or reports, please have them with you. Failure to do so may result in your case being delayed. Please bathe and wear comfortable clothing.

Leave all valuables at home including contacts, jewelry and money. **Make sure that you have someone with you to drive you home. You will not be permitted to leave the center alone if you've received anesthesia.**

**VII. Cancellation**

If you need to cancel your surgery before your scheduled surgical date, please notify your physician's office as soon as possible. If you need to cancel your surgery the day of surgery, please call the center at 201.928.2160.

We hope that this information is helpful in addressing any questions you may have and we look forward to meeting you and assisting in your medical care.

Sincerely,

The Staff of Teaneck Surgical Center