

# ATLANTICARE REGIONAL MEDICAL CENTER HOSPITAL BILL OF RIGHTS - AMBULATORY CARE

As a patient of AtlantiCare Regional Medical Center off-site Ambulatory Care Facility you have the following rights:

## Medical Care:

- To receive the care and health services that the hospital is required by law to provide.
- To participate in the planning of your care and treatment in the Ambulatory Care Facility and to refuse such medication and treatment. Such refusal shall be documented in your medical record.
- To receive an understandable explanation from your physician and/or Licensed Allied Health Professional ("Licensed AHP") of your complete medical condition, recommended treatment, treatment options, 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 must be given to your next of kin or guardian and documented in your medical record.
- To receive the outcomes of care, treatment, and services you need in order to participate in current and future health care decisions
- To give informed written consent prior to the start of specified, non-emergency medical procedures or treatments only after your physician or Licensed AHP has explained—in terms you can understand—specific details about the recommended procedure or treatment, the risks, time to recover and reasonable medical alternatives. If you are unable to give informed consent, consent shall be sought from your next of kin, guardian or to the extent authorized by law. Such consent shall be documented in your medical record.
- To refuse care, treatment and services to be informed of the medical consequences of such refusal, unless the procedure is required by law. If you are unable to make decisions about your care, treatment or services, the office will involve a surrogate decision maker in these decisions.
- To expect and receive appropriate assessment, management and treatment for pain as an integral component of your care.
- To be included in experimental research only when you have given informed written consent to participate. You may refuse to participate in experimental research, including the investigation of new drugs and medical devices.
- To have access to protective services and patient advocacy groups.
- To receive care in a safe setting by staff educated in patient rights.

## Communication and Information:

- To know the names and functions of all Physicians, Licensed AHPs and other health care professionals directly caring for you.
- To expeditiously receive the services of a translator or interpreter, if necessary, at no cost to you, to communicate with the health care professionals.
- Be informed of the names, titles, and functions of any outside health care professionals and educational institutions involved in your treatment. You may refuse to allow their participation.
- To be informed of the written policies and procedures regarding life-saving methods and the use or withdrawal of life-support mechanisms.
- To be advised in writing of the rules regarding the conduct of patients and visitors.
- To be informed at the Ambulatory Care Facility of these rights, as evidenced by written acknowledgment or documentation in the medical record that you were offered a copy of these rights in terms you could understand.
- To receive a summary of your rights as a patient, including the name(s) and phone number(s) of the hospital staff member to whom you may direct questions or complaints about possible violations of your rights. If at least 10% of the hospital's service area speaks your native language, you can receive a copy of the summary in your native language.
- To submit in writing an advance directive and have health care professional comply with that directive.
- To be informed of these rights in terms you can understand as evidenced in the medical record. The Ambulatory Care Facility shall have a means to notify you of any rules and regulations it has adopted governing patient conduct in the facility.

## Transfers:

- To be transferred to another facility only if the current Ambulatory Care Facility is unable to provide the level of appropriate medical care or if the transfer is requested by you or your next of kin or guardian.
- Except in life-threatening situations where immediate transfer is necessary, to receive an explanation in advance from a physician of the reasons for your transfer and possible alternatives, verification of acceptance from the receiving facility, and assurance that the movement associated with the transfer will not subject you to substantial, unnecessary risk of deterioration of your medical condition.

## Medical Records:

- To have prompt access to your medical records. If your physician feels that this access is detrimental to your health, your legal representative has a right to see your records.
- To obtain a copy of your medical records at a reasonable fee within 30 days after submitting a written request to the hospital. If access is medically contraindicated, then your legal representative or physician shall have access to such records.

## Cost of Care:

- To be informed of services available in the ambulatory care facility, of the names and professional status of the personnel providing and/or responsible for patient's care, of the fees and related charges, including 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.

## Discharge Planning:

- To be informed about any need for follow-up care and receive assistance in obtaining this care required after your discharge from Ambulatory Care Facility.
- To receive sufficient time before discharge to arrange for follow-up care.
- To be informed by the Ambulatory Care Facility about the discharge appeal process if you disagree with the discharge plans.

## Privacy and Confidentiality:

- To be provided with physical privacy during medical treatment and personal hygiene functions, unless you need assistance. Your privacy shall be respected during all health care procedures and when personnel are discussing you.
- To be assured of confidentiality about your patient stay. Your medical and financial records shall not be released to anyone outside the Ambulatory Care Facility without your approval, unless you are transferred to another facility that requires the information, or the release of such information is required or permitted by law.

## Personal Needs:

- To be treated with courtesy, consideration, respect and recognition of your dignity, individuality, and right to privacy, including auditory and visual privacy, this contributes to a positive self image.

## Freedom from Abuse, Seclusion and Restraints:

- To be free from neglect, exploitation as well as physical, sexual, verbal and mental abuse or harassment.
- To be free from seclusion or physical restraint unless authorized by a physician for a limited period of time to protect your safety or the safety of others. Drugs and other medications shall not be used for discipline of patients or convenience of facility personnel.

## Civil Rights:

- To receive treatment and medical services without discrimination based on age, religion, ethnicity, culture, language, creed, race, skin color, national origin, ancestry, marital status, civil union status, domestic partnership status, sex, sexual preferences, affectional or sexual orientation, gender identity or expression, handicap or physical or mental disability, genetic information, atypical hereditary cellular or blood trait, military service, AIDS or HIV related illnesses, diagnosis, socioeconomic status or ability to pay or source of payment.
- To retain and exercise constitutional, civil and legal rights, including your religious liberties, including the right to independent personal decision. No religious beliefs or practices, or attendance at any religious service shall be imposed on you.
- To voice grievances or recommend changes in policies and services to Ambulatory Care Facility personnel, governing authority, and/or outside representatives of your choice, either individually or as a group, and free from restraint, interference, coercion, discrimination or reprisal.
- To not be required to perform work for the facility unless the work is part of your treatment and performed voluntarily. Such work shall be in accordance with federal, state and local laws and rules.

## Questions, Complaints and Appeals:

- To ask questions or file written grievances about patient rights with a designated hospital staff member and receive a response within a reasonable period.
- To be provided, by facility, with contact information for the New Jersey Department of Health and Senior Services unit that handles questions and safety concerns. You may directly write to the New Jersey Department of Health, Division of Health Facilities Evaluation and Licensing (Office of Acute Care Assessment and Survey), PO Box 367, Trenton, New Jersey, 08625-0367 or call the New Jersey Department of Health Complaint Hotline at 1-800-792-9770. You may also contact The Joint Commission (TJC) at, [WWW.jointcommission.org](http://WWW.jointcommission.org), using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website, by fax to 630-792-5636 or by mail to The Office of Quality and Patient Safety (OQPS). For an Ambulatory Care Facility, you may contact the State of New Jersey, The Office of the Ombudsman, P.O. Box 852, Trenton, New Jersey 08625-0852 or call 1-877-582-6995.

Medicare Beneficiaries who have a complaint or grievance concerning quality of care, disagree with a coverage decision or wish to appeal a premature discharge may also call Healthcare Quality Strategies, Inc. at 1-800-624-4557. Medicare/Medicaid Coverage Information: For information regarding Medicare coverage, you may contact 1-800-633-4227 or write the Centers for Medicare & Medicaid Services at 7500 Security Boulevard, Baltimore, Maryland 21244. Medicaid coverage information may be obtained by contacting 1-800-356-1561 or by writing to the New Jersey Department of Human Services, Division of Medical Assistance & Health Services, PO Box 712, Trenton, New Jersey, 08625-0712.

An AtlantiCare Operator may be reached by dialing zero ("0") from inside the Hospital, or from outside the number is (609) 652-1000 to ask for the Customer Experience Representative in your location.

