



STATE OF NEW JERSEY PATIENT RIGHTS:

As a patient of PMC, you have the following rights under state law and regulations:

Medical Care

To receive the care and health services that the medical center is required by law to provide under N.J.S.A. 26:1-1 et seq.

To expect reasonable continuity of care.

To have your pain assessed, treated and re-evaluated in accordance with evidence-based pain management practices.

To receive an understandable explanation from your physician of your complete medical condition, recommended treatment, if the treatment is experimental or part of a research study, 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, guardian, or appointed healthcare agent.

To give informed written consent prior to the start of specified, nonemergency medical procedures or treatments. Your physician should explain 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. Your physician should also explain to you any pain associated with the procedure or treatment and the pain relief measures that would be available to you. If you are unable to give informed, written consent, your physician will speak with your next of kin, guardian or appointed healthcare agent, or plan your care using your advance directive, to the extent authorized by law.

To be cared for by a staff committed to pain prevention and the management of pain and other symptoms. To have these healthcare professionals respond quickly to your reports of pain and other symptoms.

To receive a prompt response to safety issues and concerns related to your medical plan of care.

To refuse medication and treatment after possible consequences of this decision has been explained clearly to you.

To complete an advance directive that would control decisions about healthcare in the event you become unable to make your own decisions.

To have your appointed healthcare agent or alternate healthcare agent involved in decisions about your care during any period when you are temporarily or permanently incapable of making decisions about your care. Your appointed agent or alternate shall have the same decisional authority that you would have, if capable, to consent to or refuse any intervention, or make any other care decision, including but not limited to those referred to in this document.

To be included in experimental research only if you give informed, written consent. You, or your next of kin, guardian, or healthcare agents acting on your behalf, have the right to refuse to participate in experimental research, including the investigations of new drugs and medical devices.

To participate in ethical questions that arise in the course of your care, including issues of conflict resolution, information disclosure, withholding resuscitative services, forgoing life-sustaining treatment, and participation in investigational studies or clinical trials.

To be assured that your visitors will not be discriminated against because of their race, religion, creed, color, national origin, national ancestry, marital status, domestic partnership status, sex, affectional or sexual orientation, or disability.

Patient Bill of Rights and Responsibilities

POLICY

To provide all hospital services in a manner which is patient centered, responsive to physician expectations, accessible to all, and which recognizes the patient's social and emotional needs, as well as the patient's right for independence of expression, decision, action and personal dignity. In the furtherance of this goal and compliance with State and Federal law, the Board of Governors of Palisades Medical Center (PMC) has adopted the Patient's Bill of Rights, Responsibilities and Complaint Process. This statement should be posted conspicuously in all patient rooms and in public places throughout the medical center.

New Jersey State Law requires that the rights protected by law be displayed for patients' information. For more detailed information regarding PMC's Patient Bill of Rights and Responsibilities, please contact the Office of Patient Relations at 201-854-5751 during the hours of 8 a.m. to 5 p.m. Monday through Friday. Individuals needing to contact Protective Services can call the Department of Social Services at 201-854-5252 or the Office of Patient Relations. After hours, you can contact the Hudson County Protective Services, Inc. at 201-537-5631.

To contract directly with a New Jersey licensed registered professional nurse of your choosing for private professional nursing care during hospitalization. You can request from the hospital a list of local nonprofit professional nurses association registries that refer nurses.

Communication and Information

To be informed of the names and functions of all healthcare professionals providing you with personal care. These people shall identify themselves by introduction or by wearing a name tag.

To receive, as soon as possible, the services of a translator or interpreter if you need one to help you communicate with the medical center's healthcare personnel.

To be informed of the names and functions of any outside healthcare and educational institutions involved in your treatment. You may refuse to allow their participation.

To receive, upon request, the medical center's written policies and procedure regarding life-sustaining methods and the use or withdrawal of life support mechanisms.

To receive information about your pain management practices and the various pain relief measures available.

To be advised in writing of the medical center's rules regarding the conduct of patients and visitors.

To receive a summary of your patient rights, in the language you understand, that includes the name and phone number of the medical center staff member to whom you can ask questions or complain about any possible violation of your rights.

Medical Records

To have prompt access to the information in your medical record. If your physician feels this access is detrimental to your health, your authorized representative has a right to see your record. This right continues after the patient is discharged from the hospital for as long as the medical center has a copy of the record.

To obtain a copy of your medical record, at a reasonable fee, within 30 days after a written request to the medical center. If access by the patient is medically contraindicated (as documented by a physician in the patient's medical record), the medical record shall be made available to a legally authorized representative of the patient or the patient's physician.

Cost of Care

To receive a copy of the medical center's payment rates, regardless of source of payment. If you request an itemized bill, the medical center must provide one, and explain any questions you may have. You have a right to appeal any charges. The medical center shall provide you or the responsible party with an explanation of procedures to follow in making such an appeal.

To be informed by the medical center if part or all of your bill will not be covered by insurance. The medical center is required to help you

obtain any public assistance and private healthcare benefits to which you may be entitled.

Discharge Planning

To receive information and assistance from your attending physician and other healthcare providers if you need to arrange for continuing healthcare after your discharge from the medical center.

To receive sufficient time before discharge to arrange for continuing healthcare needs.

To be informed by the medical center about any appeal process to which you are entitled by law if you disagree with the medical center's discharge plans.

Transfers

To be transferred to another facility only when you or your family have made the request, or in instances where the transferring hospital is unable to provide you with the care you need. The hospital shall make an immediate effort to notify the patient's primary care physician and next of kin, and document that the notifications were received.

To receive from a physician in advance an explanation of the reasons for transfer, including alternatives, verification of acceptance from the receiving facility, and assurance that the move will not worsen your medical condition. This explanation of the transfer shall be given in advance to the patient, and/or to the patient's next of kin, guardian or appointed healthcare agent, except in a life-threatening situation where immediate transfer is necessary.

Personal Needs

To be treated with courtesy, consideration, and respect for your dignity and individuality.

To have access to storage space in your room for private use. The medical center must also have a system to safeguard your personal property.

Freedom from Abuse and Restraints

To freedom from physical and mental abuse.

To freedom from restraints, unless they are authorized by a physician for a limited period of time to protect your safety and that of others.

To access Protective Services in cases of abuse or neglect.

Privacy and Confidentiality

To have physical privacy during medical treatment and personal hygiene functions unless you need assistance. The patient's privacy shall also be respected during other healthcare procedures and when hospital personnel are discussing the patient.

To have your treatment information kept confidential. Information in your records shall not be released to anyone outside the medical center without your approval, unless the information is required for your treatment, payment purposes or as otherwise permitted by law or regulation.

Legal Rights

To treatment and medical services without

discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment.

To exercise all your constitutional, civil and legal rights.

To present questions or grievances against this medical center for failure to comply with the provision of this act, or any rule or regulation adopted pursuant to this act, contact the medical center through the Office of Patient Relations at 201-854-5751 or the Department of Health. (The address of the Department of Health is: Complaint Program, Division of Health Facilities Evaluation, CN367, Trenton, New Jersey 08625-0367. Patients may call the Department of Health hotline at 1-800-792-9770 to ask questions). The medical center or the Department of Health, as appropriate, shall respond promptly in writing to the complaint. The Department of Health shall investigate a written complaint filed with the department and report its findings to the medical center and the patient.

The list of Patient Rights is an abbreviated summary of the current New Jersey Law and regulations governing the rights of hospital patients. For more complete information, consult N.J. Department of Health regulations at N.J.A.C.8:43G-4, or Public Law 1989 Chapter 170, available in the Office of Patient Relations in the medical center.

AMERICAN MEDICAL ASSOCIATION / JOINT COMMISSION

Patient Rights

To refuse to talk with or see anyone not officially connected with the medical center including visitors or persons officially connected with the medical center but not directly involved in your care.

To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.

To request a transfer to another room if another patient or visitor in the room is unreasonably disturbing the patient.

To request or have access to people outside the medical center by means of visitors, and by verbal and written communications.

To request at your expense, a consultation with a specialist.

To contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints by either calling 1-800-994-6610 or by e-mailing complaint@jointcommission.org.

PATIENT RESPONSIBILITIES

Financial

Prior to becoming a patient at PMC, it is your financial responsibility:

To assure that the financial obligations of your healthcare are fulfilled as promptly as possible.

To know the name of your insurance company: a) have knowledge of your health insurance benefits for the facility services you will be receiving, b) have knowledge of your out-of-pocket responsibility for services that you are receiving at the time of service, c) be prepared to pay your co-payments, co-insurances, or out-of-pocket responsibilities at the time of service.

To obtain a pre-certification number, if required for services rendered. If referral renewal is required, you are responsible for obtaining renewal referrals.

To inform the registrar in the department if your demographic information changes including address, place of employment, and insurance. Present your active insurance card at the time of service.

To be aware that your appointment may be rescheduled if any of the above requirements have not been satisfied at the time of service.

To note that your signed consent includes acknowledgement that you are responsible for payment.

General

When you are a patient at PMC, it is your responsibility:

To provide, to the best of your knowledge, accurate and complete information about present complaints, including pain, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the responsible practitioner.

To follow the treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders and as they enforce the applicable medical center rules and regulations.

To make it known whether you clearly understand a contemplated course of action and what is expected of you.

To express to the healthcare team safety issues and concerns related to your medical plan of care.

To ask your physician or nurse what to expect in terms of pain. To help your healthcare professionals measure your pain and to work with them to make a pain relief plan. To ask for pain relief measures when pain first begins and to tell the doctor or nurse about any pain or other symptoms that will not go away.

To keep appointments, and when unable to do so to notify the responsible practitioner or the medical center.

To be responsible for your actions if you refuse treatment or do not follow the practitioner's advice.

To follow the medical center rules and regulations affecting patient care and conduct.

To be considerate of the rights of other patients and medical center personnel and to assist in the control of noise and the number of visitors. The patient also is responsible for being respectful of the property of other persons in the medical center.

To understand that it may become necessary to transfer you to another bed or another floor within the medical center. We apologize for any inconvenience this may cause.

To honor our No Smoking Policy.