# **State of New Jersey Patient Rights**

As a patient of **Women's Choice Medical Center**, (heretofore referred to as "the center" you have rights (under state law regulations) to:

### **Medical Care**

- Receive an understandable explanation from your physician of your complete medical condition including recommended treatment, expected results, risks and reasonable 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.
- Give informed written consent prior to the start of specified, nonemergency medical procedures or treatments only after your physician has explained—in terms you can understand—specific details about the recommended procedure or treatment, the risks, time to recover and reasonable medical alternatives.
- Be informed of the center's written policies and procedures regarding life-saving methods and the use or withdrawal of life-support.
- Refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of refusal.
- Be included in experimental research only when you have given informed consent to participate.
- Receive appropriate assessment and treatment for pain.

#### **Transfers**

- Be transferred to another facility only if the current center 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.
- 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.

#### **Communication and Information**

- Be treated with courtesy, consideration and respect for your dignity and individuality.
- Know the names and functions of all physicians and other health care professionals directly caring for you.
- Expeditiously receive the services of a translator or interpreter, if needed, to communicate with the center staff.
- Be informed of the names, titles, and duties of other health care professionals and educational institutions that participate in your treatment. You have the right to refuse to allow their participation.
- Be advised in writing of the center's rules regarding the conduct of patients and visitors.
- Receive a summary of your rights as a patient, including the name(s) and phone number(s) of the
  center staff to whom to direct questions or complaints about possible violations of your rights. If at
  least 10% of the center's service area speaks your native language, you can receive a copy of
  the summary in your native language.

# **Medical Records**

- Have prompt access to your medical records. If your physician feels that this access is detrimental to your health, your next of kin or guardian has a right to see your records.
- Obtain a copy of your medical records for a reasonable fee within 30 days after submitting a written request to the center.

#### **Cost of Center Care**

- Receive a copy of the center charges, an itemized bill, if requested, and an explanation.
- Appeal any charges and receive an explanation of the appeals process.
- Obtain the center's help in securing public assistance and private health care benefits to which you may be entitled.

### **Discharge Planning**

- Be informed about any need for follow-up care and receive assistance in obtaining this care required after your discharge from the center.
- Be informed by the center about the discharge appeal process.

### **Privacy and Confidentiality**

- Be provided with physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
- Be assured confidentiality about your patient stay. Your medical and financial records shall not be released to anyone outside the center without your approval, unless you are transferred to another facility that requires the information, or release of the information is required and permitted by law.
- Have access to individual storage space for your private use and to safeguard your property if unable to assume that responsibility.

### Freedom from Abuse and Restraints

- Be free from physical and mental abuse.
- Be free from restraints unless authorized by a physician for a limited period of time to protect your safety or the safety of others.

# **Civil Rights**

- Receive 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.
- Exercise your constitutional, civil and legal rights.

## **Questions, Complaints and Appeals**

- Ask questions or file grievances about patient rights with a designated center staff member and receive a response within a reasonable period.
- Be provided, by the center, with contact information for the New Jersey Department of Health and Senior Services unit that handles questions and complaints.

N.J. Department of Health & Senior Services
Healthcare Systems Analysis
Complaint Program
Room 601
P.O. Box 360
Trenton, NJ 08625
Complaints Hotline 800-792-9770