

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient at Jersey City Medical Center, you have the following rights:

MEDICAL CARE

To receive the care and health services that the hospital is required by law to provide.

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

To receive an understandable explanation of your complete medical condition, recommended treatment, expected results, risks involved and reasonable medical alternatives from your physician (or other clinical practitioner). 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.

To give informed, written consent prior to the start of specified non-emergency 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.

To be cared for by a staff committed to pain prevention and management. To have these health care professional respond quickly to your reports of pain.

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 have been explained clearly to you.

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

To be included in experimental research only if you give informed written consent. You have the right to refuse to participate.

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

To contract directly with a New Jersey licensed registered professional nurse of your choosing for private professional nursing care during hospitalization.

COMMUNICATION AND INFORMATION

To be informed of the names and functions of all physicians and other health care practitioners who provide direct care to you.

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

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

To receive upon request, the hospital's written policies and procedures regarding life-saving methods and the use or withdrawal of life support mechanisms.

To be advised in writing about the hospital's rules on the conduct of patients and visitors.

To receive a summary of your patient rights and responsibilities which include the name and telephone number of the hospital 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 that access is detrimental to your health, your next of kin or guardian has a right to see your medical record.

To obtain a copy of your medical record at a reasonable fee within 30 days after making a written request to the hospital.

COST OF HOSPITAL CARE

To receive a copy of the hospital payment rates. If you request an itemized bill, the hospital must provide one and explain any questions you may have. You have a right to appeal any charges.

To be informed by the hospital if part or all of your bill will not be covered by insurance. The hospital is required to help you obtain public assistance and private healthcare benefits to which you may be entitled.

DISCHARGE PLANNING

To receive information and assistance from your attending physician other health care providers if you need to arrange for continuing health care after your discharge from the hospital.

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

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

TRANSFERS

To be transferred to another facility only when you or your family have made the request, or instances where the transferring hospital is unable to provide you with the care you need.

To receive in advance an explanation from your physician of the reasons for your transfer and possible alternatives.

PERSONAL NEEDS

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

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

FREEDOM FROM ABUSE AND RESTRAINT

To freedom from physical, mental, sexual or verbal abuse, neglect or exploitation.

To freedom from restraints unless they are authorized by a physician for a limited period of time to protect you or others from injury.

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.

To have your treatment information kept confidential. Information in your records will not be released to anyone outside the hospital without your approval unless required by law.

If you have a concern about privacy; Complaint Officer: (201) 915-2789

LEGAL RIGHTS

To treatment and medical services without discrimination based on age, religion, race, creed, national origin, alienage or citizenship status, sex, gender, gender expression or identity (which refers to a person's actual or perceived sex and includes self-image, appearance, behavior or expression, whether or not different from that traditionally associated with the legal sex assigned to the person at birth), sexual orientation, marital status, domestic partnership status, civil union, handicap or disability, genetic information, atypical hereditary cellular or blood trait, diagnosis, military status, AIDS or HIV related illnesses, ability to pay or source of payment.

To exercise all of your constitutional, civil and legal rights

To present your questions, complaints or grievances to the hospital, you may contact **the Patient Representative at (201) 915-2041**. Your questions will be answered and your complaints and grievances will be investigated and responded to promptly.

To present questions, complaints or grievances against the hospital you may contact the Department of Health through the Complaint Program, Division of Health Facilities Evaluation CN 367, Trenton, New Jersey 08625-0367. Patients may call the Department hotline at 1-800-792-9770. The Department will respond in writing to questions and complaints and report its findings to the hospital 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 NJ Department of Health regulations. Individuals wishing to file a complaint against a DNV accredited hospital please contact us via e-mail at: hospitalcomplaint@dnv.com, or you may call us toll-free at 1 (866) 523-6842.

You may contact the NJ Department of Health or the DNV regardless of whether you choose to register a complaint with the hospital.

PATIENT RESPONSIBILITIES

As a patient, you are responsible to:

Provide information. You must provide accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other health care matters.

Ask questions. You must ask questions when you do not understand your care, treatment and service or what you are expected to do.

Follow instructions. You must follow your care, treatment and service plan.

Accept consequences. You are responsible for the outcome if you do not follow your care, treatment and service plan.

Follow rules and regulations. You must follow the hospital's rules and regulations including the hospital's safety regulations and its "no smoking" policy.

Show respect and consideration. You must be considerate of the hospital's staff and property as well as other patients and property.

Meet financial commitments. You must promptly meet any agreed upon financial obligation.

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