

# Patient Rights

As a patient of Newark Beth Israel Medical Center, we wish to inform you of your legal rights as follows, prior to providing or discontinuing your care.

La versión completa de estos derechos está disponible en español en esta unidad/ departamento. Además, se puede obtener una copia completa en español de la enfermera o de la página web del hospital.

## Medical Care

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

To receive an understandable explanation from your physician of your complete medical condition, recommended treatment, 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.

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, and risks involved, time required for recovery, and any reasonable medical alternatives.

To make informed decisions regarding the course of care and treatment, including resolving dilemmas about care decisions, formulating advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives, withholding resuscitative services, forgoing or withdrawing life sustaining treatment, care at the end of life, and managing pain effectively.

To participate in the development and implementation of your plan of care.

To receive information about pain and pain relief measures and to expect quick response to reports of pain.

To refuse medication and treatment after possible consequences of this decision have been made clear to you, unless the situation is life threatening or the procedure is required by law.

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

## Communication and Information

To have a family member or representative notified promptly of your admission to the hospital.

To be informed of the names and functions of all health care professionals providing you with personal care.

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 of the hospital's rules regarding the conduct of patients and visitors.

To receive a summary of your patient rights that includes the name and phone number of the hospital staff member who you can ask questions or complain about any possible violation of your rights.

## Medical Records

To the confidentiality of your clinical record.

To have prompt access to the information in your medical record. If your physician feels this information is detrimental to your health, your next of kin or guardian has a right to see your records.

To obtain a copy of your medical record, at a reasonable fee, within 30 days after 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 any public assistance and private health care benefits to which you may be entitled.

## Discharge Planning

To receive information and assistance from your attending physician and 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 special appeal process to which you are entitled by law if you disagree with the hospital's discharge plan.

## Transfers

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

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

## Personal Needs

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

To express your spiritual beliefs and cultural practices as long as they do not harm others or interfere with treatment.

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

To receive care in a safe setting.

## Freedom from Abuse and Restraints

To be free from all forms of abuse or harassment.

To be free from restraints and seclusion that is not medically necessary or if these are used for coercion, discipline, convenience, or retaliation.

Chemical or physical restraints that are imposed to protect the safety of you or others will be instituted only after less restrictive measures have been found to be ineffective and must be authorized by a physician and utilized only for a limited period of time.

## Visitation Rights

To receive visitors whom you (or your support person) designate, including but not limited to a spouse, a domestic partner, another family member, or a friend.

To withdraw or deny visiting privileges to those individuals at any time.

To be informed whenever the hospital must limit or suspend visiting privileges for clinical purposes.

## Legal Rights

To not be discriminated against regardless of your age, color, race, religion, national origin, sex, sexual preference, sexual orientation, gender identity, gender expression, genetic predisposition, handicap or disability, marital status, pregnancy status, ability to pay or source of payment or for services in the United States Armed Forces.

To exercise all your constitutional, civil and legal rights.

To contract directly with a New Jersey licensed registered professional nurse of the patient's own choosing for private professional nursing care during his or her hospitalization. A registered professional nurse so contracted shall adhere to hospital policies and procedures in regard to treatment protocols, and policies and procedures so long as these requirements are the same for private duty and regularly employed nurses. The hospital, upon request, shall provide the patient or designee with a list of local non-profit professional nurses association registries that refer nurses for private professional nursing care.

## Questions and Complaints

To present questions or grievances to a designated hospital staff member and to receive a response and explanation of resolution in a reasonable period of time.

The hospital must provide you with the address and telephone number of the New Jersey Department of Health agency that handles questions and complaints.

You may contact them regardless of whether or not you first used the hospital's grievance process.

## New Jersey Department of Health and Senior Services, Division of Health Facilities Evaluation and Licensing:

1.800.792.9770

## How to contact The Joint Commission with a patient safety concern:

- 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

- By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

Reports of patient safety events to The Joint Commission must include the health care organization's name, street address, city and state.

Individuals may express concerns by contacting **The Office of the Medicare Ombudsman's** at [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp).

**State Quality Improvement Organization:** Livanta at 1.866.815.544