Disclosure Information for Patients

Patient Bill of Rights

As a patient at Surgical Specialists at Princeton, Ambulatory Surgery Center the patient has the following rights:

1. To be informed of these rights, as evidenced by the patient’s written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility.

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

3. To be informed if facility has authorized other health care and educational institutions to participate in the patient’s treatment. The patient also shall have the right to know the identity and function of these institutions, and to refuse to allow their participation in the patient’s treatment.

4. To receive from the patient’s physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected results(s). If this information would be detrimental to the patient’s health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient’s next of kin or guardian. This release of information to the next of kin or guardian along with the reason for not informing the patient directly, shall be documented in the patient’s medical record.

5. To participate in the planning of the patient’s care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient’s medical record.

6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices.

7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient’s choice either individually or as a group, and free from restraint, interference, coercion, discrimination or reprisal.

8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.

9. To confidential treatment of information about the patient. Information in the patients medical record shall not be released to anyone outside the facility without the patients approval, unless another healthcare facility to which the patient was transferred required the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient’s identity is masked.

10. To be treated with courtesy, consideration, respect and recognition of the patient’s dignity, individuality, and right to privacy, including but not limited to, auditory and visual privacy. The patient’s privacy shall be respected when facility personnel are discussing the patient.

11. To not be required to perform work for the facility unless the work is part of the patient’s treatment and is performed voluntarily by the patient. Such work shall be in accordance with Local, State and Federal laws and rules.

12. To exercise civil and religious liberties, including the right to independent personnel decisions. No religious belief or practices; or any attendance at religious services, shall be imposed upon the patient.

13. To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.

14. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person’s care in accordance with N.J.A.C. 8:43E-6.

15. Each patient has the right to request the facilities fee schedule.

16. To be able to express grievances and or complaints and suggestions at any time to:

Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, New Jersey 08625-0367
1-800-792-9770

Office of the Ombudsman for the Institutionalized Elderly
State of New Jersey
PO Box 808
Trenton, New Jersey 08625-0808
1-877-582-6995

EMAIL: PublicAdvocate@advocate.state.nj.us
Patients are expected to:

1. **Surgical Specialists at Princeton Advance Directive Policy** Provide accurate and complete information about their present complaints, past medical illnesses, hospitalizations, surgeries, medications, over the counter products, dietary supplements, allergies/sensitivities and other matters relating to their health.
2. Tell their health care providers whether they understand the treatment, plan of care, and what is expected of the patient.
3. Help the practitioners, nurses and other health personnel in their efforts to care for patients by following their instructions and medical orders.
4. Observe the Center’s no smoking policy, be considerate of other patients and of staff regarding noise and number of visitors, and respect the Center’s property and that of the other persons.
5. If required by their practitioner, provide a responsible adult to transport/accompany him home to remain with him for 24 hours after care at the Center.
6. Accept financial responsibility for any charges not covered by their insurance.

An Advance Directive is a document or documentation allowing a person to give direction about future medical care or to designate another person to make medical decisions if the individual loses decision-making capability. Patients **are not required** to have an Advance Directive in order to receive treatment at the Center.

There are many types of Advance Directives, but the two most common forms are:

- **Living Wills** - instructions explaining wishes regarding health care should the individual be unable to make decisions
- **Durable Power of Attorney** – A signed, dated, and witnessed document naming another person as an individual’s agent or proxy to make medical decisions for that individual should they become unable to make decisions

The type of Advance Directives that may apply to the Center are called “requests to forego resuscitative measures” or “do not resuscitate orders (collectively referred to as a DNR)”.

The Center is an outpatient facility, where only elective surgery and/or procedures are performed. If a patient should suffer a cardiac or respiratory arrest, or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, the facility is notifying you it will not honor previously signed advance directives.

**Physician Ownership:** The physician who refers you to Sea Oaks Surgery Center may have an ownership interest in the facility. You are free to choose another facility in which to receive services.

Surgical Specialists at Princeton
136 Main St. Suite 100
Princeton, NJ 08540
609-799-1130

Patient Name: ____________________________________________

Make Copy for patient