ACCESS

PATIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. This statement of rights and responsibilities is posted in our facility in at least one location that is used by all patients.

Your rights and responsibilities include:

A patient, patient representative or surrogate has the *right* to

- Receive information about rights, patient conduct and responsibilities in a language and manner the patient, patient representative or surrogate can understand.
- Be treated with respect, consideration and dignity.
- Be provided appropriate personal privacy.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Receive care in a safe setting.
- Be free from all forms of abuse, neglect or harassment.
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, sexual orientation, gender identity or expression or source of payment.
- Voice complaints and grievances, without reprisal.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Exercise of rights and respect for property and persons, including the right to
  - Voice grievances regarding treatment or care that is (or fails to be) furnished.
  - Be fully informed about services offered, treatment or procedure and the expected outcome before it is performed.
  - Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- Be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also has the right to know the identity and function of these institutions, and to refuse to allow their participation in their care.
- Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.
- Know the facility policy on advance directives.
- Be informed of the names of physicians who have ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.
- Know your physician has malpractice insurance, as required by the state.
- 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.

A patient, patient representative or surrogate is *responsible* for

- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Following the treatment plan recommended by his health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or another advance directive.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to his health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Keeping appointments.

COMPLAINTS

Please contact us if you have a question/concern about your rights or responsibilities. You can ask any of our staff to help you contact the Administrative Director at the surgery center or you can call 609-407-1113

We want to provide you with excellent service, including answering your questions and responding to your concerns.

You may also choose to contact the licensing agency of the state.

NJ Dept of Health and Senior Services
PO Box 360
Trenton, NJ 08625-0360

- If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or online at http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help you.

SCA Health

Patient Rights and Responsibilities

SCA Health

SCA observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, gender identity, national origin, religion, culture, physical or mental disability, personal values or belief systems.

You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, gender identity, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the facility to disclose, when applicable, physician financial interests or ownership in the facility.
- Receive assistance when requesting a change in primary or specialty physicians, dentists or anesthesia providers if other qualified physicians, dentists or anesthesia providers are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the facility, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the facility's policy regarding advance directives/living will. Expect the facility to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the facility's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be free from all forms of abuse or harassment.
- Access to language assistance service, free of charge, by a qualified interpreter for individuals with limited English proficiency or individuals with a disability.
- Expect the facility to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under State law to act on the patient's behalf.

If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Identifying any patient safety concerns.
- Observing prescribed rules of the facility during your stay and treatment.
- Providing a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications—including over-the-counter products and dietary supplements, and any allergies or sensitivities, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the facility, including charges not covered by insurance.
- Payment to facility for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints or grievances you may have:

FACILITY	Michelle Federigo, RN CEO michelle.federigo@scasurgery.com (732)836-9800
STATE AGENCY	ATTN: Sandra Brownell, Program Manager New Jersey Department of Health and Senior Services Division of Health Facilities Evaluation and Licensing PO Box 367 Trenton, NJ 08625 1-800-792-9770
MEDICARE	Office of the Medicare Beneficiary Ombudsman: www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
ACCREDITING ENTITY	AAAHC (Accreditation Association for Ambulatory Health Care) 5250 Old Orchard Road, Suite 200 Skokie, IL 60077 847-853-6060 www.aaahc.org
OFFICE OF CIVIL RIGHTS	US Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW, Room 509F, HHH Building Washington D.C. 20201 (800) 368-1019; (800) 537-7697)TDD) Internet address: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

To care for our patients, serve our physicians, and improve healthcare in America

SCA Health
Políticas Contra la Discriminación

SCA Health

SCA observa y respeta las responsabilidades y los derechos del paciente sin importar su edad, raza, color, sexo, identidad de género, origen nacional, religión y cultura, sin tiene alguna discapacidad mental o física, ni sus valores personales o sistemas de creencias.

Usted tiene derecho a lo siguiente:

- Atención digna, respetuosa y considerada, y respeto a los valores, las creencias y las preferencias personales.
- Acceso a tratamiento sin importar su raza, origen étnico, origen nacional, color, religión/el credo, sexo, identidad de género y edad, ni si tiene alguna discapacidad mental o física. Cualquier determinación de tratamiento según el diagnóstico o el estado físico de la persona se realizará sobre la base de evidencia médica y capacidad de tratamiento.
- Respeto a la privacidad personal.
- Recibir atención en un entorno seguro y sin riesgos.
- Ejercitar sus derechos sin estar sujeto a discriminación o represalia.
- Conocer la identidad de las personas que brindan atención, tratamiento o servicios y, cuando se lo solicite, ser informado de las credenciales de los proveedores de atención médica y, si corresponde, de la falta de cobertura en caso de mala praxis.
- Esperar que el centro divulgue, cuando corresponda, si el médico es propietario o tiene intereses financieros en el centro.
- Reciba ayuda cuando solicite un cambio de médicos generales o especialistas, dentistas o proveedores de anestesia si están disponibles otros médicos, dentistas o proveedores de anestesia calificados.
- Recibir información sobre el estado de salud, el diagnóstico, el pronóstico previsto y los resultados de atención esperados, en términos que puedan ser comprendidos, antes de que se realice un tratamiento o un procedimiento.
- Recibir información sobre resultados de atención imprevistos.
- Recibir información del médico sobre cualquier procedimiento o tratamiento propuesto según sea necesario para brindar o negar consentimiento informado.
- Participar en decisiones sobre la atención, el tratamiento o los servicios planificados y rechazar atención, tratamiento o servicios en conformidad con la legislación y los reglamentos correspondientes.
- Cuando sea posible, ser informado de sus derechos, o cuando corresponda, que su representante sea informado de ellos (según lo permita la ley estatal) antes de proporcionar atención al paciente o antes de suspenderla.
- Recibir información de manera que sea comprensible para usted, incluida la prestación de asistencia interpretativa o dispositivos auxiliares.
- Que su familia se involucre en las decisiones de atención, tratamiento o servicios en la medida en que usted o el sustituto responsable de tomar decisiones lo permitan, en conformidad con la legislación y los reglamentos correspondientes.
- Recibir una evaluación y una tratamiento del dolor adecuados, información sobre el dolor, medidas de alivio del dolor y participación en las decisiones de tratamiento del dolor.
- Dar o rechazar consentimiento informado para realizar o utilizar grabaciones, videos u otras imágenes para fines que no sean la atención, y solicitar el cese de la producción de grabaciones, videos u otras imágenes en cualquier momento.
- Ser informado y permitir o rechazar cualquier experimentación humana u otros proyecto educativos/de investigación que afecten la atención o el tratamiento.
- Que se garantice la confidencialidad de toda información relativa a la atención y a la estancia en el centro, lo que incluye registros médicos y, con las excepciones que imponga la ley, el derecho a aprobar o rechazar la divulgación de sus registros médicos.
- Tener acceso a sus registros médicos o a copias de estos dentro de un período razonable y el derecho a solicitar que sean enmendados.
- Obtener información sobre divulgaciones de la información de salud en un plazo razonable.
- Obtener una directiva anticipada, como un testamento vital o un poder duradero de atención médica, y a ser informado sobre la política del centro con respecto al testamento vital/la directiva anticipada. Esperar que el centro proporcione el formulario para directiva anticipada oficial del estado si se solicita y cuando corresponda.
- Obtener información sobre tarifas para los servicios prestados y sobre las políticas de pago del centro.
- Que no se impongan limitaciones de ningún tipo que no sean médicamente necesarias o que sean utilizadas por el personal como medio de coerción, disciplina, conveniencia o represalia.
- Esté libre de todas las formas de abuso o acoso.
- Acceso al servicio de asistencia de idioma, de forma gratuita, por un intérprete calificado para los individuos con conocimientos limitados del inglés o a personas con discapacidad.
- Esperar que el centro establezca un proceso para la resolución inmediata de las quejas del paciente e informar a cada paciente con quién debe comunicarse para presentar una queja. Las quejas o reclamaciones y las sugerencias sobre el tratamiento o la atención que sea (o no sea) proporcionada puede expresarse en cualquier momento. Las quejas pueden presentarse directamente a la agencia estatal usando la información de contacto que se encuentra a continuación.

Si un paciente es declarado incompetente bajo las leyes estatales aplicables por un tribunal que tenga la jurisdicción correspondiente, la persona nombrada bajo la ley estatal para actuar en nombre del paciente ejercerá los derechos del paciente.

Si un tribunal estatal no declara incompetente a un paciente, cualquier representante legal o sustituto designado por el paciente de acuerdo con la ley estatal puede ejercer los derechos del pacientes hasta el grado permitido por la ley estatal.

Usted es responsable de lo siguiente:

- Ser considerado con los demás pacientes y el personal, y colaborar con el control del ruido, el humo de tabaco y otras distracciones.
- Respetar la propiedad de los demás y del centro.
- Identificar cualquier inquietud de seguridad del paciente.
- Observar reglas prescritas del centro durante su estancia y tratamiento.
- Contar con un adulto responsable que lo transporte a su hogar desde el centro y permanezca con usted durante 24 horas si así lo solicita su proveedor.
- Informar si entiende claramente el tratamiento planeado y lo que se espera de usted, y realizar preguntas cuando no comprenda su atención, tratamiento o servicio, o lo que se espera de usted.
- Cumplir con las citas y, cuando no pueda hacerlo por cualquier motivo, notificar al centro y al médico.
- Proporcionar a los cuidadores la información más precisa y completa sobre quejas actuales, enfermedades y hospitalizaciones previas, medicamentos (incluidos medicamentos de venta libre y suplementos alimenticios), y cualquier alergia o sensibilidad, cambios inesperados en su afección o cualquier otro asunto de salud del paciente.
- Cumplir de manera oportuna con sus obligaciones financieras con el centro, incluidos los cargos no cubiertos por su seguro.
- Realizar el pago al centro por las copias de los registros médicos que solicite.
- Informar a sus proveedores sobre cualquier testamento vital, poder médico y otra directiva que pudiera afectar su atención.

Puede comunicarse con las siguientes entidades para expresar cualquier inquietud que tenga, presentar reclamaciones o quejas:

CENTRO	Michelle Federigo, RN CEO michelle.federigo@scasurgery.com (732)836-9800
ESTADO AGENCIA	ATTN: Sandra Brownell, Gerente del Programa Departamento de Salud y Servicios para Adultos Mayores de Nueva Jersey División de Evaluación y Acreditación de Centros de Salud PO Box 367 Trenton, NJ 08625 1-800-792-9770
MEDICARE	Oficina del Beneficiario de Medicare, Defensor: www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
OFICINA DE DERECHOS CIVILES	Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles 200 Independence Avenue SW, Room 509F HHH Building Washington, DC 20201 (800) 368-1019 (800) 537-7697;)TDD) dirección de Internet: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
ORGANISMO DE ACREDITACIÓN	Asociación de Acreditación de Atención Médica Ambulatoria (AAAHC) 5250 Old Orchard Road, Suite 200 Skokie, IL 60077 847-853-6060 www.aaahc.org

Para brindar atención a nuestros pacientes, servir a nuestros médicos y mejorar la atención médica en los Estados Unidos.

PRI-1625-SCAHC-SPA.02 (10/19)