

Patient Bill of Rights

While at our facility, you have the right to:

To be informed of your rights, in writing or verbally, in terms that are understandable;

To be informed of any rules and regulations that govern the conduct of you, our patient, while in our facility;

To be informed of services that are available in our facility; the names and professional status of the personnel providing and/or responsible for your care and of the fees and related charges, including the payment, fee, deposit and refund policy of our facility;

To be informed if the facility has authorized other health care and educational institutions to participate in your treatment, to know the identity and function of those institutions, and to refuse to allow others to participate in your care;

To receive from your physician, in understandable terms, an explanation of your diagnosis. If you are not capable of understanding your diagnosis, explanation will be provided to your next of kin or guardian;

To participate in the planning of your care and treatment, and to refuse medication and treatment. Should you refuse treatment, we will document that refusal in your medical record;

To be included in experimental research only when you give informed, written consent to such participation and to refuse to participate in experimental research, including the investigation of new drugs and medical devices;

To voice grievances or recommend changes in policies and services to our facility personnel, the governing authority, and/or outside representative of your choice either individually or as a group, free from restraint, interference, coercion, discrimination or reprisal;

To be free from mental and physical abuse, free from exploitation, and free from the 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 the convenience of facility personnel;

To confidential treatment of information about you. Information in your medical record shall not be released to anyone outside the facility without your approval, unless another health care facility to which you are transferred requires the information, or unless the release of information is required and permitted by law, a third party payment contract or peer review, or unless the information is needed by the NJ State Department of Health for statutorily authorized purposes. We may release data about you for studies containing aggregated statistics only if your identity is masked;

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

To not be required to perform work for the facility unless the work is part of your treatment and is performed voluntarily by you. Such work shall be in accordance with local, state and federal laws and rules;

To exercise civil and religious liberties, including the right to independent personal decision. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon you; and

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 our facility.

I have received a copy of these rights or they have been explained to me verbally:

Patient Signature
(if parent or guardian signs for patient, please
indicate relationship next to signature)

Date