

# PATIENTS RIGHTS & RESPONSIBILITIES

## YOU HAVE THE RIGHT:

- To be informed of these rights and the facilities rules and regulations.
- To be treated with respect, consideration, individuality, dignity without discrimination on the basis of age, race, skin color, sex, sexual preference, nationality, disability, diagnosis, ability to pay or source of payment, with privacy, including but not limited to, auditory and visual privacy and confidentiality concerning treatment and disclosures.
- To be assured of exercising civil and religious liberties including the right to independent decisions.
- To know the name and credentials of personnel providing and/or responsible for your care, information about the services available in the facility, and of fees, fee schedules, payment policies and charges including any fees and charges for services not covered by sources of third party payment.
- To be assured of medical care and be informed of your current condition unless medically contraindicated (as documented by a physician in the patient's medical/health record).
- To participate in decisions involving your healthcare and treatment; including the right to refuse medication and treatment; to be informed of available treatment options, including no treatment and the possible benefits and risks of each option; to know the consequences of refusing treatment or not-complying with therapy.
- To receive care in a safe and clean environment.
- To privacy and confidentiality and to approve or refuse the release of your medical records except when release is required by law or third - party payment contract.
- To the appropriate assessment and treatment of pain. As a patient at the clinic, you can expect your reports of pain will be believed, information about pain and pain relief measures; a concerned staff committed to pain prevention and management; health professionals who respond quickly to pain; and effective pain management.
- To refuse to participate in experimental research, and written informed consent should you choose to participate.
- To be free from abuse or neglect; mental and physical abuse, exploitation, chemical, physical and other types of restraints; and to access protective services.
- To be referred to specialists and other professionals when needed, and to change physicians if you are not satisfied and other qualified physicians are available.
- To voice a complaint or grievance to the staff and governing authority and to recommend changes in policy and services.
- To not be deprived of any constitutional, civil and/or legal rights solely as a result of receiving services from the facility.
- To join with other patients or individuals to work for improvements in patient care.
- To not be required to perform services of the facility.

## YOU HAVE THE RESPONSIBILITY:

- To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other health related matters.
- To follow treatment plans recommended by the physician responsible for your care (this may include following instructions of nurses and allied health professionals as they carry out a coordinated plan of care.
- To report unexpected changes in your condition to the responsible practitioner.
- To report whether you clearly comprehend a contemplated course of action and what is expected of you.
- To keep appointments and when unable to do so, notify the responsible practitioner or department.
- To be considerate of the rights of other patients and healthcare personnel.
- To be respectful of the property of others and the healthcare facility.
- To follow the rules and regulations affecting patient care and conduct.
- To assure that the financial obligations of your healthcare are filled as promptly as possible.

## ABOUT ADVANCE DIRECTIVES

Upon registration, we will ask you if you have an advance directive. An advance directive is a written document which communicates your health care wishes clearly. A copy of your advance directive must be placed in your medical record. There are two types of advance directives:

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE** is a document, which allows you to designate another person (known as a proxy agent) who is at least 18 years of age to make medical decisions for you in the event you are unable to do so. These decisions may include, but are not limited to, the withholding or withdrawal of life prolonging procedures.

**LIVING WILL OR HEALTH CARE DIRECTIVE** is a document which allows you to state in advance your wishes regarding the use of certain medical procedures and treatments and becomes effective when you are unable to make your own decisions or unable to communicate such decisions. It serves as a guide to your family or the person you name as your agent.

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Patient Name: (PLEASE PRINT) \_\_\_\_\_

Patient Signature: \_\_\_\_\_

**This confirms receipt of Rights, Responsibilities and Advance Directives**

**QUESTIONS & COMPLAINTS:** Division of Health Facilities

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[www.cms.hhs.gov/ornbudsman.asp](http://www.cms.hhs.gov/ornbudsman.asp)