

Patient's Rights and Notification of Physician Ownership

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE OR SURROGATE IN ADVANCE OF THE PROCEDURE/SURGERY.

PATIENT'S RIGHTS:

- To receive treatment without discrimination as to age, race, color, religion, sex, national origin, disability, culture, economic status or source of payment.
- Considerate, respectful, and dignified care, provided in a safe environment, free from any form of abuse, neglect, harassment or reprisal.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- To be advised if the physician providing care has a financial interest in the surgery center.
- To receive information in a manner that the patient understands. Communication is provided in a manner that facilitates understanding by the patient.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
- To be provided privacy and security of self and belongings during the delivery of patient care service.
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
- To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- To leave the facility even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility

- To know which facility rules and policies apply to his/her conduct while a patient.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.
- To be informed of their right to change providers if other qualified providers are available
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his/her patient record.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- (IF APPLICABLE) Be advised as to the absence of malpractice coverage.
- (IF APPLICABLE) Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and for the participation of the caregiver in decisions affecting medical treatment.

PATIENT RESPONSIBILITIES:

To provide accurate and complete information regarding present medical complaints, past illnesses, hospitalizations, medications, allergies and sensitivities and other matters relating to his/her health.

To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.

To accept personal financial responsibility for any charges not covered by their insurance.

The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care.

The patient is responsible for following the treatment plan established by his/her physician.

The patient is responsible for keeping appointments and notifying the physician or facility when unable to do so.

The patient and/or patient representative is responsible for disposition of patient valuables.

The patient is responsible for arranging transportation home from the facility and to have someone remain with him/her for a period of time designated by his/her physician.

In the case of pediatric patients, a parent or guardian is responsible to remain in the facility for the duration of the patient's stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient's care.

The patient is responsible for his/her actions should he/she refuse treatment or not follow the physician's orders.

The patient is responsible for being considerate of the rights of other patients, visitors, and facility personnel.

To be respectful of all the healthcare professionals and staff, as well as other patients.

If you need an interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

Advance Directives

You have the right to information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will be provided upon request.

The surgery center is not an acute care facility; therefore, regardless of the contents of any advanced directive or instructions from a health care surrogate, if an adverse event occurs during treatment, patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If they have been provided to the surgery center, a copy of the patient's Advanced Directives will be sent to the acute care facility with the patient.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with those wishes.

Statement of Nondiscrimination:

Ridgedale Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Ridgedale Surgery Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Ridgedale Surgery Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Ridgedale Surgery Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Complaints/Grievances: If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Ridgedale Surgery Center
Paula Jengeleski, Administrator
14 Ridgedale Avenue
Cedar Knolls, New Jersey 07927
(973) 605-5151

Privacy and Safety

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment



You may contact the state to report a complaint;

[New Jersey Department of Health and Senior Services](#)

[Division of Health Facilities Evaluation and Licensing](#)

[PO Box 367](#)

[Trenton, New Jersey 08625-0367](#)

[Complaint Hotline: 1-800-792-9770](#)

State Web site: <http://www.state.nj.us/health/healthfacilities>

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman. **Medicare**

Ombudsman Web site:

<http://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Medicare: www.medicare.gov or call 1-(800) Medicare (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

This facility is accredited by The Joint Commission. Complaints or grievances may also be filed through:

The Joint Commission
One Renaissance Blvd
Oakbrook Terrace, IL 60181
Telephone: 630-792-5800

Physician Ownership

Physician Financial Interest and Ownership: Physician Financial Interest and Ownership:

Ridgedale Surgery Center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:

Jeffrey Aroesty, MD	Alejandro Bevacqua, MD	Agata Brys, MD	James Haberman, MD
Peter Heit, MD	Ian Kaden, MD	Matthew Krupnick, MD	Brian Lebovitz, MD
Eric Mann, MD	Matthew Marano, MD	David Medford, MD	Robert Pinke, MD
Sergey Rybalov, MD	Zarina Sayeed, MD	Tarun Sharma, MD	Robert Wertheimer, MD



PATIENT RIGHTS AND RESPONSIBILITIES/NOTICE OF PRIVACY PRACTICES DISCLOSURE OF OWNERSHIP/ADVANCED DIRECTIVES INFORMATION

I have received written and verbal notification regarding my Patient Rights and Responsibilities/Notice of Privacy Practices/Disclosure of Ownership prior to my surgery/procedure. I have also received information regarding policies pertaining to ADVANCED DIRECTIVES prior to the procedure. Information regarding Advance Directives along with official State documents have been offered to me upon request.

The undersigned certifies that he/she has read and understands the foregoing and fully accepts all terms specified above.

Signature of Patient or Authorized Agent:

Print Name:

Relationship to Patient:

Date Signed:

Label for Medical Records