

AS A PATIENT OF THE **MERCER COUNTY SURGERY CENTER**, YOU HAVE THE RIGHT TO RECEIVE THE FOLLOWING INFORMATION IN ADVANCE OF THE DATE OF YOUR PROCEDURE.

#### **PATIENT'S BILL OF RIGHTS:**

Every patient has the right to be treated as an individual with his/her RIGHTS respected. The facility and medical staff have adopted the following list of patients' rights:

#### **PATIENT'S RIGHTS:**

- To be informed of these rights, offered a written copy and given a written or verbal explanation in terms the patient understands.
- To notification of any rules and regulations the facility has adopted governing patient conduct in the facility;
- 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. Such information shall include payment and refund policies of the facility, as well as an explanation of any charges for services not covered by the patient's insurance or not covered by the facility's basic rates;
- To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
- To receive from the patient's providers and understandable explanation of the patient's complete medical/health condition or diagnosis, the recommended treatment, alternative treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If the provider determines that 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;
- 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;

- 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;

- To voice grievances/complaints or recommend changes in policies and services to facility personnel, facility leadership, and/or outside representatives of the patient's choice free from restraint, interference, coercion, discrimination, or reprisal by the facility;

- 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;

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

- 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 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 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;

- To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or

practices, or any attendance at religious services, shall be imposed upon any patient;

- 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; and

- To expect and receive appropriate assessment, management and treatment of pain as an integral component of the patient's care in accordance with NJ law.

#### **If you need a translator:**

If you will need a translator, **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. Please understand that the facility reserves the right to provide its own translator if it determines that he/she is better able to communicate the details of the procedure to you.

#### **Advance Directives**

***You have the right to information on the facility's policy regarding Advance Directives.***

Advance Directives will not be honored within the facility. In the event of a life-threatening event, emergency medical procedures will be implemented. 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 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 their wishes.

If the patient requests, an official state Advance Directive Form will be provided to him/her.

**Submission and Investigation of Grievances:** You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the facility's decision.

To submit your grievances to the facility, please contact:  
**Rita Hagemann RN, BSN, CAPA**  
**Director of Clinical Operations**  
**3120 Princeton Pike**  
**Lawrenceville NJ 08648**  
**609-895-0290**

You may also choose to contact the following agencies to submit your complaint:

NJ Department of Health:  
**Office of Acute Care Assessment and Surgery**  
**P.O. Box 358**  
**25 S. Stockton Street, 2<sup>nd</sup> Floor**  
**Trenton, NJ 08625**  
**1-800-792-9770 (Option #2)**

**Office of Long-Term Care Ombudsman**  
**P.O. Box 852**  
**Trenton, NJ 08625**  
**1-877-582-6995**

State Web site: [www.state.nj.us](http://www.state.nj.us)

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE  
(1-800-633-4227)

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

**Physician Financial Interest and Ownership:** The facility is owned, in part, by physicians. The physician(s) who referred you to this facility and who will be performing your procedure(s) may have a financial interest or ownership interest in the facility. Currently, our physician owners are: Edward Armbruster, DO, Prajakta Avhad, DO, Stephen Cairone, DO, Paul Codjoe, MD, Keith Crivello, MD, Ravinder Dhillon, MD, David Eingorn, MD, David Hardski, MD, Seth Joseffer, MD, Fredric Kleinbart, MD, Gautam Kothari, DO, Mark McLaughlin, MD, John Nolan, MD, Rikin Patel, DO, Marion Protano, MD, Nirav Shah, MD, Armen Simonian, MD, Matthew Tormenti, MD, Douglas Weinstein, MD and Rudolf Zak, DPM. If your physician's interest in the facility concerns you, you have the right to be treated at another health care facility of your choice. We are making this disclosure in accordance with federal and state regulations.

PATIENT'S RIGHTS AND NOTIFICATION OF  
PHYSICIAN OWNERSHIP



**MERCER COUNTY SURGERY CENTER**  
**2A PRINCESS ROAD**  
**LAWRENCEVILLE, NJ 08648**  
**609-895-0290**



By signing in this box, you or your legal representative acknowledge that you have received (verbally and in writing), read, and understand this information in advance of the date of the procedure and have decided to have your procedure performed at this facility.

\_\_\_\_\_  
SIGNATURE OF PATIENT OR PATIENT LEGAL REPRESENTATIVE

Date: \_\_\_\_\_

**PLEASE BRING THIS FORM WITH YOU ON THE DAY  
OF YOUR PROCEDURE**

<http://mercercountysurgerycenter.com>

**(Updated 9-24-2018)**