Patient Rights and Responsibilities

Each patient receiving service in an ambulatory care facility shall have the following rights:

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by the staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
2. 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 the fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
3. 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 participation in the patient's treatment;
4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If 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;
5. 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;
6. To be included in the experimental research only when the patient gives informed, written consent to the law, rule, and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. To be free from mental and physical abuse, 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;
9. 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 healthcare facility to which the patient was transferred requires the information, or unless the release of the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and the 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;
11. To not be required to perform work for the facility unless work is part of the treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State and Federal laws and rules;
12. 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;
13. 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;
14. 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.
15. To arrange for a responsible adult to take the patient home and remain with them for 24 hours, if required by the physician.

Grievances and Grievance Procedures

We strive to maintain a professional and compliant atmosphere. However, issues can arise. The grievance procedure is a means for patients and related parties to inquire into situations raised and identify whether action needs to be taken to resolve such situations and prevent recurrence. The facility Administrator will record the grievance complaint and conduct a prompt investigation for quick resolution. Any patient and/or support person, visitor, employee, physician, or vendor may lodge a grievance using the center's procedure to voice complaints, resolve disputes, or to bring attention to possible violations of patient rights. No person shall be punished or retaliated against for using the grievance procedure. Complete details of the center's grievance policy may be obtained by contacting the center Administrator, John Paoni, at (908) 766-5556, john.paoni@scasurgery.com.

To file a complaint with the State of New Jersey or to receive additional information, contact:

Division of Health Facilities Evaluation and License
New Jersey State Department of Health
P O Box 367
Trenton, NJ 08625-0367
Telephone: (609) 792-9770
Toll Free (800) 633-4227
www.medicare.gov

State of New Jersey Office of the Ombudsman for the Institutionalized Elderly
PO Box 808
Trenton, NJ 08625-0808
Telephone: (609) 624-4262
Toll Free (877) 582-6995
Fax: 609-943-3479
ombudsman@itco.nj.gov

Statement of Limitation Regarding Advanced Directive

In the state of New Jersey, all patients have the right to participate in their own healthcare decisions and to make Advanced Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Franklin Surgical Center respects and upholds those rights. However, unlike in an acute care hospital setting, Franklin Surgical Center does not routinely perform "high risk" procedures. While no procedure is without risk, most procedures performed at this center are considered to be at minimal risk.

You will discuss the specifics of your procedure with your physician who can answer your questions regarding its risks, your expected recovery, and care after your procedure. Our team is dedicated to delivering the highest quality care in a safe environment that places the patient at the center of our care. CMS CRF 416.50 Conditions from Coverage permit us to decline to implement certain elements of your Advanced Directive, based on our conscience and commitment to patient care.

It is the policy of Franklin Surgical Center that if an adverse event occurs during your procedure or treatment, the medical surgical team will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. We will share your Advanced Directive with the caregivers at the acute care hospital where you are transferred. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive or health care power of attorney. If you do not agree with our facility policy, we will assist you to reschedule your procedure in a facility more suited to meet your healthcare needs.

Ownership Disclosure

This facility is owned in part by physicians who may participate in your care. These physicians may have an ownership interest in Franklin Surgical Center. A list of physicians' owners is available upon request. We are committed to providing you with safe, high-quality, compassionate care and to ensure that you are fully informed about your care and treatment. You have the right to be treated at another health care facility of your choice per Federal regulations.

Statement of Nondiscrimination

Franklin Surgical Center complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. All patients are treated with dignity, respect, and equal access to our services. If you believe you have been discriminated against or have concerns regarding your rights, please contact our facility Administrator, John Paoni, at (908) 766-5556, john.paoni@scasurgery.com.for assistance.

Franklin Surgical Center cumple con todas las leyes federales aplicables sobre derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.Estamos comprometidos a tratar a todos los pacientes con dignidad, respeto y a proporcionar igualdad de acceso a nuestros servicios.Si considera que ha sido objeto de discriminación o tiene inquietudes relacionadas con sus derechos, comuníquese con nuestro Administrador de la instalación, John Paoni, para recibir asistencia:John Paoni, Administrador
Teléfono: (908) 766-5556 Correo electrónico: john.paoni@scasurgery.comFranklin Surgical Center está comprometido a garantizar un ambiente acogedor, inclusivo y respetuoso para todos los pacientes.

Notice of Language Assistance and Interpretation Services

We provide free language assistance and interpreter services to patients who have limited English proficiency. These services are available to help ensure that you understand your rights, your care, and the information provided to you. If you need an interpreter, please notify a member of our staff. We will make arrangements for you.

Franklin Surgical Center

175 Morristown Road, Suite 102
Basking Ridge, NJ 07920
Phone (908) 766-5556 Fax (908) 340-4156
www.franklinsurgical.com

It's Your Right to Know

- Advance Directive
- Grievance Process
- Patient Rights & Responsibilities
- Ownership Disclosure
- Statement of Nondiscrimination
- Notice of Language Assistance

AAAHC
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.