

PATIENT'S BILL OF RIGHTS

All Hospitals and nursing facilities have the responsibility to ensure that their patients retain their independence in expression, decision making, actions, and personal identity. We will endeavor to ensure that you retain the following mandatory patient/resident rights throughout your hospitalization and association with Bergen New Bridge Medical Center. New Jersey State Law requires that the rights protected by law be displayed for patients' information. For more detailed information regarding Bergen New Bridge Medical Center's Patient Bill of Rights and Responsibilities, please contact the Department of Patient Experience at 201.967.4000.

AS A PATIENT, YOU HAVE THE RIGHT TO:

MEDICAL CARE

To retain a physician of the patient/resident's choice from the Bergen New Bridge Medical Center staff at the patient/resident's own expense or through a health care plan.

To receive the care and health services that the nursing facility is providing according to scope of care and services.

To receive in an understandable language to the patient/resident, an explanation from your physician of your complete medical condition, recommended treatment, expected results, risks involved, and reasonable medical alternatives. (If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin, guardian, or appointed healthcare agent.)

To give informed, written consent prior to the start of specified, non-emergency medical procedures or treatments. Your physician must explain to you—in words you understand—specific details about the recommended procedure or treatment, any risks involved, time required for recovery, and any reasonable medical alternatives. If you are unable to give informed, written consent, your physician will speak with your next of kin, guardian, or appointed healthcare agent.

To refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of this action and to be offered a listing of alternative treatment choices.

To be included in experimental research only if you give informed, written consent. You have the right to refuse to participate.

To have your pain assessed and treated upon admission and throughout your hospitalization.

To receive, upon request, the hospital's written policies and procedures regarding life-saving methods and the use or withdrawal of life support mechanisms.

To contract directly with New Jersey licensed registered professional nurse of your choosing for private, professional nursing care during your hospitalization. The hospital, upon request, will provide you with a list of local, non-profit professional nurses' association registries that refer nurses for private, professional nursing care.

To complete an advance directive that would control decisions about healthcare in the event you become unable to make your own decisions. To have you appointed healthcare agent or alternate healthcare agent involved in decisions about your care during any period when you are temporarily or permanently incapable of making decisions about your care. You appointed healthcare agent or alternate shall have the same decisional authority that you would have, if capable, to consent to or refuse any treatment, or make any other care decision, including but not limited to those referred to in this document.

COMMUNICATION AND INFORMATION

To be informed of the names and functions of all health care professionals providing you with personal care. These people shall identify themselves by introduction or by wearing a name tag.

To receive, as soon as possible, the services of a translator or device or interpreter if you need one to help you communicate with the hospital's health care personnel.

To be informed of the names and functions of any outside health care and educational institutions involved in your treatment. You may refuse to allow their participation.

To be advised in writing of the hospital's rules regarding the conduct of patients and visitors.

To receive a summary of your patient rights from which department that includes the name and phone number of the hospital staff member to whom you can ask questions or complain about any possible violation of your rights. If at least 10% of the hospital's service area speaks your native language, you can receive a copy of the summary in your native language.

MEDICAL RECORDS

To have prompt access to the information in your medical record. If your physician feels that this access is detrimental to your health, your next of kin or guardian has a right to see your record.

To obtain a copy of your medical record, at a reasonable fee, within 30 days after a written request of the hospital. If access by the patient is medically contradicted (as documented by a physician in the patient's medical record), the medical record shall be made available to a legally authorized representative of the patient or the patient's physician.

COST OF HOSPITAL CARE

To receive a copy of the hospital payment rates. If you request an itemized bill, the hospital must provide one, and explain any questions you may have. You have a right to appeal any charges and receive an explanation of the appeal process.

To be informed by the hospital if part or all of your bill will not be covered by insurance. The hospital is required to help you obtain any public assistance and private health care benefits to which you may be entitled.

To be assisted in obtaining public assistance and the private health care benefits for which you may be eligible. The hospital is required to advise you about coverage and to provide information and other assistance you may need to qualify and file for benefits or reimbursement.

DISCHARGE PLANNING

To receive information and assistance from your attending physician and other health care providers if you need to arrange for continuing health care after your discharge from the hospital.

To be informed in writing of a discharge due to non-payment of fees or inappropriate facility for patient/resident needs.

To receive sufficient time before discharge to arrange for continuing health care needs.

To be informed by the hospital about any appeal process to which you are entitled by law if you disagree with the hospital discharge plans and to be apprised of the patient/resident right of appeal.

TRANSFERS

To be transferred to another appropriate facility only when you or your family has made the request, or when the transferring hospital is unable to provide you with the care you need. The hospital shall make an immediate effort to notify the patient's primary care physician and next of kin, and document that the notifications were received.

To receive an advance explanation from a physician or discharge planner/team in Long Term Care of the reasons for your transfer including alternatives, verification of acceptance from receiving facility, and assurance that the move will not worsen your medical condition. This explanation of the transfer shall be given in advance to the patient, and/or to the patient's next of kin, guardian, or appointed healthcare agent except in a life-threatening situation where immediate transfer is necessary.

PERSONAL NEEDS

To be treated with courtesy, consideration, and respect for your dignity, individuality and cultural diversity.

To have access to storage space in your room for private use. The hospital must also have a system to safeguard your personal property.

To contract directly with New Jersey licensed registered professional nurse of your choosing for private, professional nursing care during your hospitalization. The hospital, upon request, will provide you with a list of local, non-profit professional nurses' association registries that refer nurses for private, professional nursing care.

FREEDOM FROM ABUSE AND RESTRAINTS

To be free from physical and mental abuse.

To freedom from chemical and physical restraints, unless they are authorized by a physician for a limited period of time to protect the safety of you or others.

PRIVACY AND CONFIDENTIALITY

To have physical privacy during medical treatment and personal hygiene functions, unless you need assistance for your own safety.

To confidential treatment of information about you. Information in your records will not be released to anyone outside the hospital without your approval, unless it is required by law, third party payment contract, or the New Jersey Department of Health.

LEGAL RIGHTS

To treatment and medical service without discrimination based on age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment.

To exercise all your constitutional, civil, and legal rights to which the patient/resident is entitled by law regarding without being threatened or punished.

QUESTIONS AND COMPLAINTS

To present questions or grievances to The Department of Patient Experience and Relations at 201-967-4000 and to receive a response in a reasonable period of time. The hospital must provide you with the address and telephone number of the New Jersey Department of Health agency that handles questions and complaints. You can directly contact the NJ Department of Health Complaint Hotline at 1- 800-792-9770. For residents, the Long Term Care Ombudsman can be reached at 877-582-6995.

This list of Patient's Rights is an abbreviated summary of the current New Jersey law and regulations governing the rights of hospital patients. For more complete information, consult NJ Department of Health Regulations N.J.A.C.8:43G-4, or Public Law 1989-Chapter 170, available through your hospital.

PATIENT'S RESPONSIBILITIES

When you are a patient at Bergen New Bridge Medical Center, it is your responsibility:

To provide, to the best of your knowledge, accurate and complete information about present complaints, including pain, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the responsible practitioner.

To follow the treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders and as they enforce the applicable medical center rules and regulations.

To make it known whether you clearly understand a contemplated course of action and what is expected of you.

To express to the healthcare team safety issues and concerns related to your medical plan of care.

To ask your physician or nurse what to expect in terms of pain. To help your healthcare professionals measure your pain and to work with them to make a pain relief plan. To ask for pain relief measures when pain first begins and to tell the doctor or nurse about any pain or other symptoms that will not go away.

To keep appointments, and when unable to do so to notify the responsible practitioner or the medical center.

To be responsible for your actions if you refuse treatment or do not follow the practitioner's advice.

To follow the medical center rules and regulations affecting patient care and conduct.

To be considerate of the rights of other patients and medical center personnel and to assist in the control of noise and the number of visitors. The patient also is responsible for being respectful of the property of other persons in the medical center.

To understand that it may become necessary to transfer you to another bed or another floor within the medical center. We apologize for any inconvenience this may cause.

To honor our No Smoking Policy.

Las copias de la Carta de derechos del paciente en español están disponibles si llama al Departamento de relaciones y experiencia con el paciente al 201-967-6879, o a través del sitio web en www.newbridgehealth.org.

한국어로 된 환자 권리장전의 사본은 201-967-6879 로 환자 경험 및 관계 부서에 전화하시거나 저희 웹사이트 www.newbridgehealth.org 를 통해 구하실 수 있습니다.