OCEAN ENDOSURGERY CENTER

| 129 Rt. | 37W | Toms | River, | NJ | 08755 | -6435 |
|----------|-------|-------|--------|-----|-------|----------|
| Phone: (| (732) | 797-3 | 960 FA | XX: | (732) | 797-3963 |

| Patient Name: MRN: DOB: Date: | |
|-------------------------------|--|
| Date: | |

Patient's Rights and Notification of Physician Ownership

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIP. REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWIN WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGAT

Patient's Rights

By P.L. 1989, c 170, the New Jersey Legislature in recognition that a hospitalized patient often feels overwhelmed treatment, and because the declaration of a bill of rights for hospital patients may lead to fuller understanding and greater sensitivity by the providers of medical care required that notice of those rights be provided to patients. Whisettings, they serve as good reminders to health care providers of patient needs, and to patients as to their reasonab hospital licensed by the State Department of Health pursuant to P.L. 1971, c. 136 (C26.2H-1 et seq.), shall have the

- A. To considerate and respectful care consistent with sound nursing and medical practices;
- B. To be informed of the name of the physician responsible for coordinating his care;
- C. To obtain from the physician complete, current information concerning his diagnosis, treatment, and prognosis understand;
- D. To receive from the physician information necessary to give informed consent prior to the start of any procedur
- E. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such actic
- F. To privacy to the extent consistent with providing adequate medical care to the patient;
- G. To privacy and confidentiality of all records pertaining to the patient's treatment, except as otherwise provided to those records;
- H. To expect that within its capacity, the hospital will make a reasonable response to the patient's request for service language other than English if 10% or more of the population in the hospital's service area speaks that language;

- I. To be informed by the patient's physician of any continuing health care requirements which may follow discharg appropriate hospital staff in arranging for required follow-up care after discharge;
- J. To be informed by the hospital of the necessity of transfer to another facility prior to the transfer and of any alter
- K. To be informed, upon request, of other health care and educational institutions that the hospital has authorized t
- L. To be advised if the hospital proposes to engage in or perform human research or experimentation and to refuse
- M. To examine and receive an explanation of the patient's bill, regardless of the source of payment, and to receive sources of financial assistance to help pay for the patient's care, as necessary;
- N. To expect reasonable continuity of care;
- O. To be advised of the hospital rules and regulations that apply to his conduct as a patient; and,
- P. To treatment without discrimination as to race, age, religion, sex, national origin, or source of payment.

PATIENT RESPONSIBILITIES:

To provide complete and accurate information to the best of their ability about their health, any medications, include supplements and any allergies or sensitivities.

To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.

To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if requi

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

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

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 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.

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.

Advanced Directives

An "Advanced Directive" is a general term that refers to your instructions about your medical care in the event your yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found the state of New Jersey, all patients have the right to decide what medical treatment they want or do not want to re they would want, and put that decision in writing, or they may name someone else who understands and shares the new Jersey Law, there are three kinds of Advance directives: Proxy, Instruction Directive ("Living Will") or Comb http://www.state.nj.us/health/advancedirective/documents/njsa_26.2h.53.pdf

You have the right to informed decision making regarding your care, including information regarding Advance Dir Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance presentative) prior to the procedure being performed. Patients are asked to bring copies of the Advance Directive

Ocean Endosurgery Center respects the right of patients to make informed decisions regarding their care. The Censurgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surg resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further t

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative mea plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the 1

Complaints/Grievances:

If you believe the care provided to you in a hospital by a doctor was improper, you may file a complaint with the E

regulation of hospitals is under the jurisdiction of the New Jersey Department of Health and Senior Services (DHS hospital, you should contact the DHSS Complaint section at (800) 792-9770.

State Website: http://www.state.nj.us/oag/ca/bme/bmeform.htm

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman: Medicare

Ombudsman web site: http://medicare.com/gov/Ombudsman/resources.asp

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 Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or

AAAHC 5250 Old Orchard Road, Suite 200 Skokie, IL 60077

Phone: 847-853-6060 or email: info@aaahc.org

Physician Ownership

Physician Financial Interest and Ownership: Physician Financial Interest and Ownership: The center is owned, in preferred you to this center and who will be performing your procedure(s) may have a financial and ownership interest 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: Dr. Scott Cohen Lokchander, M.D., Dr. Neil Nagaria, M.D., Dr. Carl Raso, M.D., and Dr. Ramon Suatengco, M.D.