

## OCEAN ENDOSURGERY CENTER

129 Rt. 37W Toms River, NJ 08755-6435  
Phone: (732) 797-3960 FAX: (732) 797-3963

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### **Patient's Rights and Notification of Physician Ownership**

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING 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/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

#### **Patient's Rights**

By P.L. 1989, c 170, the New Jersey Legislature in recognition that a hospitalized patient often feels overwhelmed and uncertain as to his condition and course of treatment, and because the declaration of a bill of rights for hospital patients may lead to fuller understanding and greater security on the part of patients, as well as greater sensitivity by the providers of medical care required that notice of those rights be provided to patients. While these "rights" are not strictly applicable to other settings, they serve as good reminders to health care providers of patient needs, and to patients as to their reasonable expectations. Every person admitted to a general hospital licensed by the State Department of Health pursuant to P.L. 1971, c. 136 (C26.2H-1 et seq.), shall have the right:

- 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 in terms he can reasonably be expected to understand;
- D. To receive from the physician information necessary to give informed consent prior to the start of any procedure or treatment;
- E. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action;
- 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 by law or third party payment contract, and access to those records;
- H. To expect that within its capacity, the hospital will make a reasonable response to the patient's request for services; including the services of an interpreter in a 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 discharge and to receive assistance from the physician and 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 alternatives to it which may exist;
- K. To be informed, upon request, of other health care and educational institutions that the hospital has authorized to participate in the patient's treatment;
- L. To be advised if the hospital proposes to engage in or perform human research or experimentation and to refuse to participate in these projects;
- M. To examine and receive an explanation of the patient's bill, regardless of the source of payment, and to receive information or be advised on the availability of 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, including over-the-counter products and dietary 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 required by their provider.

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.

**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.

### **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 you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in New Jersey Statutes § 26:2H-53 through 78. In the state of New Jersey, all patients have the right to decide what medical treatment they want or do not want to receive. They can decide in advance what treatment they would want, and put that decision in writing, or they may name someone else who understands and shares their values, to exercise that right for them. Under new Jersey Law, there are three kinds of Advance directives: Proxy, Instruction Directive ("Living Will") or Combined Directive.

[http://www.state.nj.us/health/advanceddirective/documents/njsa\\_26.2h.53.pdf](http://www.state.nj.us/health/advanceddirective/documents/njsa_26.2h.53.pdf)

You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative) prior to the procedure being performed. Patients are asked to bring copies of the Advance Directives with them to the surgery center.

Ocean Endosurgery Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate

resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

**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 Board of Medical Examiners. However, Because the regulation of hospitals is under the jurisdiction of the New Jersey Department of Health and Senior Services (DHSS), if you believe you received improper care at a 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://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

**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>

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:

AAAHC  
3 Parkway North Blvd. Suite 201

Deerfield, IL 60015  
Phone: 847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

**Physician Ownership**

**Physician Financial Interest and Ownership:** Physician Financial Interest and Ownership: The 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:** Dr. Scott Cohen, D.O., Dr. Paul DeMartino, M.D., Dr. Rangus Lokchander, M.D., Dr. Neil Nagaria, M.D., Dr. Carl Raso, M.D., and Dr. Ramon Suatengco, M.D.

