THE VALLEY HOSPITAL Patient Bill of Rights

AS A PATIENT OF THE VALLEY HOSPITAL, YOU HAVE THE FOLLOWING RIGHTS:

Medical Care

- ▶ To receive the care and health services that the hospital is required to provide under State law and regulations.
- ▶ To expect and receive appropriate assessment, management and treatment of pain as an integral component of your care.
- ▶ To receive from your physician(s) or clinical practitioner(s) an understandable explanation of your complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives. If this information would be detrimental to your health, or beyond your ability to understand, the explanation shall be provided to your authorized representative and documented in your medical record.
- To give informed, written consent prior to the start of specified nonemergency procedures or treatments only after a physician or clinical practitioner has explained in understandable terms specified details about the recommended procedure or treatment, the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment. The procedures requiring informed, written consent shall be specified in the hospital's policies and procedures. If you are incapable of giving informed, written consent, consent shall be sought from your authorized representative or through an advance directive, to the extent authorized by law. If you do not give written consent, a physician or clinical practitioner shall enter an explanation in your medical record.
- ▶ To refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of this act.
- ▶ To be included in experimental research only when you give informed, written consent to such participation, or when an authorized representative provides such consent for an incompetent patient in accordance with law and regulation. You may refuse to participate in experimental research, including the investigations of new drugs and medical devices.
- Do contract directly with a New Jersey licensed registered professional nurse of your choosing for private professional nursing care during your hospitalization. A registered professional nurse so contracted shall adhere to hospital policies and procedures in regard to treatment protocols, and policies and procedures so long as these requirements are the same for private duty and regularly employed nurses. You can request from the hospital a list of local non-profit professional nurses association registries that refer nurses for private professional nursing care.

Communication and Information

- ▶ To be informed of the names and functions of all physicians and other healthcare professionals who are providing you with direct 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 interpreter to facilitate communication between you and the hospital's healthcare personnel.
- ▶ To be informed if the hospital has authorized other healthcare and educational institutions to participate in your treatment. You also have a right to know the identity and function of these institutions, and may refuse to allow their participation in your treatment.
- ▶ To be informed of the hospital's policies and procedures regarding life-saving methods and the use or withdrawal of life-support mechanisms. Upon request, such policies and procedures shall be made available promptly in written format to the patient, his or her family or guardian, and to the public.

Discharge

- ▶ To be informed by the attending physician and other providers of healthcare services about any continuing healthcare requirements after your discharge from the hospital. You shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge.
- ▶ To receive sufficient time before discharge to have arrangements made for your healthcare needs after hospitalization.
- ▶ To be informed by the hospital about any discharge appeal process to which you are entitled by law.

Transfers

▶ To be transferred to another facility only for one of the following reasons, with the reason recorded in your medical record: (1)

- The transferring hospital is unable to provide the type or level of medical care appropriate for your needs. The hospital shall make an immediate effort to notify your primary care physician and next of kin, and document that the notifications were received; or (2) The transfer is requested by you, or by your authorized representative if you are mentally incapacitated or incompetent.
- To receive from a physician an explanation of the reasons for transfer to another facility, information about alternatives to the transfer, verification of acceptance from the receiving facility, and assurance that the movement associated with the transfer will not subject you to substantial, unnecessary risk of deterioration of your medical condition. This explanation shall be given in advance to you, and/or your authorized representative except in a life-threatening situation where immediate transfer is necessary.

Courtesy, Consideration, and Respect

- ▶ To be treated with courtesy, consideration, and respect for your dignity and individuality.
- ▶ To have access to individual storage space in your room for private use. If a patient is unable to assume responsibility for his or her personal items, the hospital shall have a system in place to safeguard the patient's personal property until the patient or next of kin is able to assume responsibility for these items.

Freedom from Abuse and Restraints

- ▶ To freedom from physical and mental abuse.
- ▶ To freedom from restraints, unless they are authorized by a physician for a limited period of time to protect your safety and/or the safety of others.

Privacy and Confidentiality

- ▶ To have physical privacy during medical treatment and hygiene functions, such as bathing and using the toilet, unless you need assistance. The patient's privacy shall also be respected during other healthcare procedures and when hospital personnel are discussing the patient.
- ▶ To have information about you kept confidential. Information in your record shall not be released to anyone outside the hospital without your approval, unless another healthcare facility to which you are transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, a medical peer review, or the New Jersey State Department of Health. The hospital may release data about you for studies containing aggregated statistics when your identity is masked.

Cost of Care

- ▶ To receive a copy of the hospital payment rates, regardless of source of payment. Upon request, you or the responsible party shall be provided with an itemized bill and an explanation of the charges if there are further questions. You or the responsible party has a right to appeal the charges. The hospital shall provide you or the responsible party with an explanation of procedures to follow in making such an appeal.
- ▶ To be assisted in obtaining public assistance and the private healthcare benefits to which you may be entitled. This includes being advised that you are indigent or lack the ability to pay and that you may be eligible for coverage, and receiving the information and other assistance needed to qualify and file for benefits or reimbursement.

Visitors

- ▶ To be advised in writing of the hospital rules and regulations that apply to the conduct of patients and visitors.
- Visitation privileges shall not be denied or abridged on the basis of race; creed; color; national origin; nationality; ethnicity; culture; ancestry; language; age; sex; pregnancy; familial status; marital, domestic partnership or civil union status; affectional or sexual orientation; gender identity or expression; religion; military service; veteran's status; mental, physical or perceived disability or handicap; AIDS and HIV status; socioeconomic status; source of lawful income; or any other basis deemed protected under federal, state or local law.
- You shall have the right to receive the family/guests you designate including, but not limited to, a spouse, domestic partner

- (including a same sex partner), partner in a civil union, family member, or friend. A patient's partner in a civil union and/or domestic partner shall have the same visitation privileges as if the visitor were the patient's spouse.
- ▶ The hospital shall not require a patient or the patient's civil union partner or domestic partner to produce proof of that partnership status as a condition of affording visitation privileges, unless the hospital in similar situations requires married patients or their spouses to produce proof of marital status.
- ▶ Visitation may be restricted in medically appropriate circumstances or based on the clinical decision of a healthcare professional charged with the patient's care.

Medical Records

- ▶ To have prompt access to the information contained in your medical record, unless a physician prohibits such access as detrimental to your health, and explains the reason in your medical record. In that instance, your authorized representative shall have a right to see the record. This right continues after you are discharged from the hospital for as long as the hospital has a copy of the record.
- To obtain a copy of your medical record, at a reasonable fee, within 30 days of a written request to the hospital. If access by the patient is medically contraindicated (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.

Civil Rights

- ▶ To treatment and medical services without discrimination based on race; creed; color; national origin; nationality; ethnicity; culture; ancestry; language; age; sex; pregnancy; familial status; marital, domestic partnership or civil union status; affectional or sexual orientation; gender identity or expression; religion; diagnosis; atypical hereditary cellular or blood trait; genetic information (including refusal to submit to genetic testing or make available the results of a genetic test); liability for military service; veteran's status; mental, physical or perceived disability or handicap; AIDS and HIV status; socioeconomic status; ability to pay; source of lawful income; or any other basis deemed protected under federal, state or local law.
- ▶ To retain and exercise to the fullest extent possible all the constitutional, civil, and/or legal rights to which you are entitled by law.

Questions and Complaints

- If you have a question or grievance about patient rights, you can contact the hospital's Patient and Family Relations Department via the below contact information. You have the right to present such grievances and receive an answer to your questions and/or grievances within a reasonable period of time.
- You can also contact the New Jersey Department of Health and The Joint Commission about complaints or questions via the below contact information.

Patient and Family Relations Department The Valley Hospital

223 North Van Dien Avenue Ridgewood, NJ 07450-2736 201-447-8169

The Office of Quality and Patient Safety (OQPS) The Joint Commission

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Fax: 630-792-5636
www.jointcommission.org/report_a_complaint.aspx

The New Jersey Department of Health Division of Health Facility Survey and Field Operations PO. Box 367

Trenton, NJ 08625-0367 Complaint Hotline: 1-800-792-9770



