

Gastroenterology Diagnostics of Northern New Jersey, P.A.

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 BILL OF RIGHTS:

Every patient has the right to be treated as an individual with his/her RIGHTS respected. The facility and medical staff have adopted the following list of patient's rights:

PATIENT'S RIGHTS:

- 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/her care;
- C. To obtain from the physician complete, current information concerning his/her diagnosis, treatment, and prognosis in terms he/she 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 to access to those records;
- H. To expect that within its capacity, the facility will make 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 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 facility 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 safe care;
- O. To be advised of the facility 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.
- Q. To be informed of their right to change providers if other qualified providers are available
- R. To expect and receive appropriate assessment, management and treatment of pain as an integral component of the person's care in accordance with N.J.S.C

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PATIENT RESPONSIBILITIES

- A. Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- B. Follow the treatment plan prescribed by his/her provider and participate in his/her care.
- C. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- D. Accept personal financial responsibility for any charges not covered by his/her insurance.
- E. Be respectful of all the health care professionals and staff, as well as other patients.

Please note:

- 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 ambulatory centers 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.
- To be respectful of all the healthcare professionals and staff, as well as other patients

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.

Statement of Nondiscrimination

Gastroenterology Diagnostics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Gastroenterology Diagnostics cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Gastroenterology Diagnostics respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Gastroenterology Diagnostics 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

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

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Advance Directives

An "Advance 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/advancedirective/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 their Advance Directives with them to the surgery center.

Gastroenterology Diagnostics 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), you should contact the DHSS Complaint section at (800) 792-9770 if you believe you received improper care at the facility.

The following are the names and/or agencies you may contact:

Ann Kalafsky, RN Administrative Director

Gastroenterology Diagnostics
of Northern New Jersey, P.A.
205 Browertown Road, Suite 102
Woodland Park, NJ 07424
973-890-4780 ext 3620

You may contact the state to report a complaint;

New Jersey Department of Health and Senior Services

Division of Health Facilities Evaluation and Licensing

PO Box 367
Trenton, NJ 08625-0367
Hotline: 1-800-792-9770, Select #1

State Website: <http://www.state.nj.us/lps/ca/bme/bmeform.htm>

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

Medicare Ombudsman Web site: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

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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
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 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:

Rini Abraham, MD, Pharm. D.	Gary J. Kosc, MD	Ariy Volfson, MD
Oren E. Bernheim, MD	Michael M. Mainero, MD	
John J. Farkas, MD	George N. Pavlou, MD	
Ashok Gupta, MD	Joseph G. Shami, MD	

GASTROENTEROLOGY DIAGNOSTICS

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