PATIENT BILL OF RIGHTS

The Patient Bill of Rights is available in Spanish and Arabic. If you would like a copy of the Patient Bill of Rights in Spanish or in Arabic, please call 973-754-3147. Every effort will be made to make the Patient Bill of Rights available to you in a language that you can understand.

As a Patient in St. Joseph’s Healthcare System, Inc., you have the following rights under State law and regulations:

**MEDICAL CARE** – To expect that within the Facility’s capacity and in accordance with the moral teaching of the Roman Catholic Church, to receive the care and health services as required by law.

To be fully informed in advance of care or treatment and to actively participate in the planning of your care and treatment.

To receive an understandable 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 or guardian.

To give informed, written consent prior to the start of specified, non-emergency medical procedures or treatments. Your physician should 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 incapable of giving informed consent, your physician will seek consent from your next of kin or guardian.

To refuse medication and treatment after possible consequences of this decision have been explained clearly to you, unless the situation is life-threatening or the procedure is required by law.

To be included in experimental research only if you give informed, written consent. You have the right to refuse to participate in experimental research including the investigations of new drugs and medical devices.

To be advised in writing of the Facility’s rules regarding the conduct of patients and visitors.

To receive a summary of your patient rights that includes the name and phone number of the Facility Staff member to whom you can ask questions or complain about any possible violation of your rights.

To freely voice complaints without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

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

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 the right to see your record.

To have a family member or representative of your choice be involved in decisions regarding your care, treatment, services or discharge planning.

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

To receive, as soon as possible, the services of a translator or interpreter if you need one, to help you communicate with the Facility’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 receive (or have your next of kin or guardian receive), upon request, the Facility’s written policies and procedures regarding life saving methods and the use or withdrawal of life support mechanisms.

To be advised in writing of the Facility’s rules regarding the conduct of patients and visitors.

To receive a summary of your patient rights that includes the name and phone number of the Facility Staff member to whom you can ask questions or complain about any possible violation of your rights.

To freely voice complaints without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

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

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 the right to see your record.

To have a family member or representative of your choice be involved in decisions regarding your care, treatment, services or discharge planning.

**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 Facility.

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

To be informed by the Facility about any appeal process to which you are entitled by law if you disagree with the Facility’s discharge plans.

**TRANSFER** – To be transferred to another Facility only when you or your family has made the request, or in instances where the transferring Facility is unable to provide you with the care you need.

To receive an advance explanation from a physician of the reasons for your transfer and possible alternatives.

**PERSONAL NEEDS** – To be treated with courtesy, consideration, and respect for your dignity and individuality.

To have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.

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

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 the right to see your record.

To have a family member or representative of your choice be involved in decisions regarding your care, treatment, services or discharge planning.

**PRIVATE DUTY NURSING** – To contract directly with a New Jersey licensed registered professional nurse of the patient’s choosing for private professional nursing care during his or her hospitalization. A registered professional nurse so contracted shall adhere to Facility policies and procedures in regard to treatment protocols, so long as these requirements are the same for private duty and regularly employed nurses. The Facility upon request, shall provide the patient or designee with a list of local non-profit professional nurses association registries that refer nurses for private professional nursing care.

**LEGAL RIGHTS** – To treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, gender identity or expression, marital, domestic partnership, or civil union status, handicap, diagnosis, ability to pay, or source of payment.

The right to receive legal assistance at any time. You may request or be provided with the name and telephone number of an attorney who may represent you at no cost to you.

The right to have your legal mail delivered to you by the Facility or to have the mail opened by you or your advocate.

The right to request that your personal information not be released to others without your permission.

The right to present questions or grievances to the Department of Patient Relations at 973-754-3147 or email patientrelations@njhc.org and to receive a response in a reasonable period of time. You may directly contact the N.J. Department of Health Complaint hotline at 1-800-792-9770, or write to the N.J. Department of Health and Senior Services, P.O. Box 367, 120 S. Stockton, Trenton, NJ 08611.

This list of Patient Rights is an abbreviated summary of the current New Jersey Law and Regulations governing the rights of hospital patients. For more complete information, consult N.J. Department of Health Regulations at N.J.A.C. 8:43G-4, or Public Law 1989-Chapter 170, available through the Patient Relations Department by calling 973-754-3147.