

Your Rights as a Patient



Hackensack Meridian
Mountainside Medical Center

1 Bay Avenue, Montclair, NJ 07042

Each patient at the Hackensack Meridian Mountainside Medical Center has the following rights under state law and regulations regardless of race, age, creed, religion, national origin, sex, sexual orientation, gender identity, marital status, disability, and diagnosis, veteran status, in sum or substance, or ability to pay:

MEDICAL CARE

- To receive the care and health services that the hospital is required by law to provide.
- To considerable and respectful care consistent with sound nursing and medical practices in a safe setting.
- 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 shall 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.
- To refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of this act.
- To participate in planning of your rehabilitation care and treatment.
- To be included in the experimental research only if you give informed written consent. You have the right to refuse to participate.
- To expect and receive appropriate assessment, management and treatment of pain as an integral component of your care.
- To contract directly with a New Jersey licensed registered professional nurse of your choosing for private professional care during your hospitalization.

COMMUNICATION AND INFORMATION

- To be informed of the names and functions of all health care professionals providing you with personal care.
- To receive, as soon as possible, the services of a translator or interpreter if you need one to help you communicate with the hospital'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, upon request, the hospital'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 hospital's rules regarding the conduct of patients and visitors.
- To receive a summary of your patient rights, prior to the initiation of care, that includes the name and phone number of the hospital staff member to whom you can ask questions or complain about any possible violation of your rights.
- To submit in writing to the hospital your personal wishes regarding lifesaving methods and the use or withdrawal of life support mechanisms.
- To have your own physician promptly notified of your admission to the hospital.

MEDICAL RECORDS

- 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 obtain a copy of your medical record, at a reasonable fee, within 30 days after a written request to the hospital.

COST OF HOSPITAL CARE

- To receive a copy of the hospital payment rates. If you request an itemized bill, the hospital must provide one, and explain any questions you may have. You have a right to appeal any charges.
- To be informed by the hospital if part of, or all of your bill will not be covered by insurance. The hospital is required to help you obtain any public assistance and private health care benefits to which you may be entitled.

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 hospital.
- To receive sufficient time before discharge to arrange for continuing health care needs.
- To be informed by the hospital about any appeal process to which you are entitled by law if you disagree with the hospital's discharge plans.

TRANSFERS

- To be transferred to another facility only when you or your family has made the request, or in instances where the transferring hospital 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. The hospital shall make immediate effort to notify your primary care physician and the next of kin.

PERSONAL NEEDS

- To be treated with courtesy, consideration, and respect for your dignity and individuality.
- To have access to storage space in your room for private use. The hospital must also have a system to safeguard your personal property.

FREEDOM FROM ABUSE AND RESTRAINTS

- To freedom from physical and mental abuse and from exploitation.
- To freedom from restraints, unless a physician authorizes them for a limited period of time to protect the safety of you or others.
- To protective services.

PRIVACY AND CONFIDENTIALITY

- To have Physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
- To confidential treatment of information about you. Information in your records will not be released to anyone outside the hospital without your approval, unless it is required by law.

LEGAL RIGHTS

- To treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, sexual orientation, gender identity, handicap, diagnosis, ability to pay, or source of payment.
- To exercise all your constitutional, civil, and legal rights.

QUESTIONS AND COMPLAINTS

- To present questions or grievances to a hospital staff member without fear of reprisal, and to receive a response in a reasonable period of time. Grievances may be presented to the hospital's Patient Representatives at Hackensack Meridian Mountainside Medical Center at 973-429-6000.

Complaints about patient care or safety not resolved at the facility may be lodged with:

New Jersey Department of Health

Division of Health Facilities Survey & Field Operations Evaluation
P.O. Box 367, Trenton, NJ 08625-0367
Phone: 24 Hour Hotline 1-800-792-9770
New Jersey Department of Health and Senior Services Inspection
Compliance and Complaints Program
P.O. Box 360, Room 601
Trenton, New Jersey 08625-0360

State of New Jersey Office of the Long Term Care Ombudsman

CN 808, Trenton, New Jersey 08625
Phone: 877-582-6995

The Joint Commission

The Office of Quality & Patient Safety

One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
Phone: 1-800-994-6610; Fax: 630-792-5636
Email: complaint@jointcommission.org
Website: www.jointcommission.org

For information concerning Medicare patients or legal assistance for disability or health related issues, contact:

NJ Department of Human Services

NJ Medicare Information and Referral Service

Phone: 1-800-792-8820

This list of Patient Rights is an abbreviated summary of the current New Jersey law and regulations governing the rights of hospital patients. For complete information, consult NJ Department of Health Regulations N.J.A.C. 8:43G-4.1, or Public Law 1989-Chapter 170, or request a complete copy from your nurse or Patient Representative.

NOTICE OF CHARITY CARE AND REDUCED CHARGE CHARITY CARE

This health care facility will provide services without charge or at a reduced charge to New Jersey residents who cannot afford to pay and who meet specific income, assets and other eligibility criteria.*

If you think you may be eligible, please contact the Business Office of this facility and ask to be screened for charity care.

*Eligibility criteria are specified in N. J.A.C. 8:31B-4.37.