

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

As a health care facility within the Penn Medicine Princeton Health (Princeton Health) system, we are committed to delivering quality medical care to you, our patient, and to making your stay as pleasant as possible. The following rights and responsibilities, endorsed by the administration and staff of this facility, applies to all patients. In the event that you are unable to exercise these rights on your own behalf, then these rights are applicable to your designated legally authorized representative. As it is our goal to provide medical care that is effective and considerate within our capacity, mission, values, and applicable laws and regulations, we submit these to you as a statement of our policy.

- **You have the right to** receive the care and health services that Princeton Health is required by law to provide.
- **You have the right to** receive, in terms that you understand, an 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 will be given to your next of kin or guardian and documented in your medical record.
- **You have the right to** give informed, written consent prior to the start of specified, non-emergency medical procedures or treatments only after your physician or clinical practitioner has explained to you, in words that you understand, specific details about the recommended procedure or treatment, the risks involved, time required for recovery, and any reasonable medical alternatives for care and treatment. If you are not able to give informed, written consent, Princeton Health will seek consent from your next of kin or guardian, or representative appointed through an advance directive, or as otherwise authorized by law.
- **You have the right to** refuse medication and treatment to the extent permitted by law after possible medical consequences of this decision have been clearly explained to you.
- **You have the right to** expect reasonable continuity of care.
- **You have the right to** expect and receive appropriate assessment, management, and treatment of pain as an integral part of your care.
- **You have the right to** be included in experimental research only if you give informed, written consent. If you are unable to consent, you will be included in experimental research only with the consent of your guardian in accordance with the law. You have the right to refuse to participate.
- **You have the right to** contract directly with a New Jersey-licensed registered professional nurse of your choice for private professional nursing care during your hospitalization. Upon request, Princeton Health will provide you with a list of local non-profit professional nurses association registries that refer nurses for private professional nursing care.
- **You have the right to** participate in the development and implementation of your plan of care.
- **You have the right to** make informed decisions regarding your care. Your rights include being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment.
- **You have the right to** formulate advance directives and to have Princeton Health staff and practitioners who provide care to you comply with these directives.
- **You have the right to** be informed of the names and functions of all physicians and health care professionals providing you with direct care.
- **You have the right to** receive, as soon as possible, the services of a translator or interpreter if you need one to help you communicate with Princeton Health health care personnel.
- **You have the right to** be informed if Princeton Health has authorized any outside health care and educational institutions to participate in your treatment. You have a right to know the identity and function of these institutions and may refuse to allow their participation in your treatment.
- **You have the right to** receive, promptly upon request, Princeton Health's written policies and procedures regarding life-saving methods and the use or withdrawal of life-support mechanisms.
- **You have the right to** be advised, in writing, of Princeton Health's rules regarding the conduct of patients and visitors.
- **You have the right to** have a family member or representative of your choice and your physician notified promptly of your admission to the hospital.
- **You have the right to** receive a summary of your patient rights that includes the name and phone number of the Princeton Health staff member to whom you can ask questions or complain about any possible violation of your rights. Please call 609-853-7490 to be connected with a Princeton Health patient representative.
- **You have the right to** have prompt access to the information in your medical record with proper authorization, unless your physician determines that such access would harm your health, and explains this in the medical record. If this occurs, then your next of kin or guardian has a right to see your record.
- **You have the right to** obtain a copy of your medical record, at a reasonable fee, within 30 days of a written request to Princeton Health. If your physician has determined that access to the record would harm your health (as documented by the physician in your medical record), then the medical record will be made available to your legally authorized representative or your physician.
- **You have the right to** receive a copy of Princeton Health's payment rates, regardless of source of payment. Upon your request, Princeton Health must provide you with an itemized bill and an explanation of the charges. You have the right to appeal any charges and to an explanation of procedures to follow in making such an appeal.
- **You have the right to** be informed by Princeton Health if part or your entire hospital bill will not be covered by insurance.
- **You have the right to** be assisted in obtaining public assistance and private health care benefits to which you may be entitled, including information regarding indigency and eligibility for charity care.
- **You have the right 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 Princeton Health.
- **You have the right to** receive sufficient time before discharge to arrange for continuing health care needs.
- **You have the right to** be informed by Princeton Health about any discharge appeal process to which you are entitled by law.
- **You have the right to** be transferred to another facility only when requested by you, or your next of kin or guardian when you are mentally incapacitated or incompetent, or in instances where Princeton Health is unable to provide you with the care you need.
- **You have the right to** receive an advance explanation from a

physician of the reasons for your transfer, information regarding possible 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 medication condition, except in a life-threatening situation where immediate transfer is necessary.

- **You have the right to** be treated with courtesy, consideration, and respect for your dignity and individuality.
- **You have the right to** have access to storage space in your room for private use. In the event you are unable to assume responsibility for your personal items, Princeton Health must have a system in place to safeguard your personal property until you or your next of kin is able to assume responsibility for the items.
- **You have the right to** receive care in a safe setting.
- **You have the right to** freedom from all forms of abuse, harassment, exploitation, and corporal punishment.
- **You have the right to** freedom from restraints and seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff and that is not medically necessary. Restraints that are imposed to protect the immediate physical safety of you or others will be instituted only after less restrictive measures have been found to be ineffective and must be authorized by a physician and utilized only for a limited period of time. If implemented, you have the right to safe implementation of restraints or seclusion by trained and competent staff.
- **You have the right to** have physical privacy during medical treatment and personal hygiene functions, unless you need assistance for your safety.
- **You have the right to** have your privacy respected during health care procedures and when Princeton Health personnel need to discuss your care and condition.
- **You have the right to** confidential treatment of information about you. Information in your medical record that includes your identity will not be released to anyone outside Princeton Health without your approval, unless another health care facility to which you were transferred requests the information, or unless the release of information is required and permitted by law, a third-party payment contract, a medical peer review, or the New Jersey State Department of Health.
- **You have the right to** treatment and medical services without discrimination based on race, age, color, ethnicity, religion, national origin, sex, sexual orientation, language, gender identity or expression, marital status, handicap, diagnosis, genetic information, ability to pay, socioeconomic status, or source of payment.
- **You have the right to** retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which you are entitled to by law.
- **You have the right to** choose who may visit you during your stay, including, but not limited to, a family member, a spouse, a domestic partner (including a same-sex domestic partner), a friend, or a civil union partner.
- **You have the right to** be advised in writing of Princeton Health's policies, rules, and regulations that apply to the conduct of patient and visitors.
- **You have the right to** decide whether you want visitors or not during your stay here. Visitation privileges shall not be restricted, limited, or denied on the basis of race, creed, religion, nationality, color, age, national origin, ancestry, age, marital status, affectual or sexual orientation, familial status, gender identity or expression, disability, sex, or source of lawful income. You are able to have the persons that you choose to visit you enjoy "full and equal" visitation privileges consistent with your wishes.
- Princeton Health may restrict your access to visitors in

medically appropriate circumstances or based on the clinical decision of a health care professional charged with your care. When restricting visitation rights, **you have the right to be** made aware of the reasons for the restrictions or limitations on your visitation rights.

- **You have the right to** withdraw your consent to allow visitation at any time.
- **You have the right to** present comments, questions, complaints, and grievances to a designated Princeton Health staff member and receive a response within a reasonable period of time. As a patient of Princeton Health, you may contact a patient representative at 609-853-7490 or send an email to patientadvocate@PennMedicine.Upenn.edu. You may also contact a member of Princeton Health's Administration.
- If you feel your complaint or grievance was not resolved to your satisfaction through the Princeton Health grievance process, or regardless of whether you have used our grievance process, **you have the right to** contact one of the following organizations about your concerns:

New Jersey Department of Health

Division of Health Facility Survey and Field Operations
PO Box 367, Trenton, NJ 08625-0367
Telephone: 1-800-792-9770

The Centers for Medicare and Medicaid Services 800-633-4227

For concerns related to quality and/or safety of care issues or safety of the environment issues, contact:

The Joint Commission, Division on Accreditation Operations, Office of Quality Monitoring

- Online at www.jointcommission.org using "Report a Patient Safety Event" link in the "Action Center" on the homepage.
- Fax: 630-792-5636
- Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 6018

This list of patient rights is an abbreviated summary of the current New Jersey law and CMS standards governing the rights of hospital patients. For complete information, consult NJ Department of Health regulations at N.J.A.C. 8:43G-4.1, or Public Law 1989 – Chapter 170, available through a Princeton Health patient representative.

Patient Responsibilities

The ability to provide safe, quality care requires cooperation from each of our patients. As a patient, it is your responsibility to:

- Provide accurate and complete information about matters relating to your health.
- Follow the plan of recommended treatment.
- Cooperate with all Princeton Health personnel and ask questions if you do not understand your care, treatment plan, or what you are expected to do.
- Accept responsibility for your actions and the results if you refuse treatment or do not follow instructions.
- Be respectful and considerate of the rights of other patients and health care personnel, including limiting the noise level in your room and the number of visitors. You are also expected to be respectful of the property of other persons and the property of Princeton Health.
- Not take drugs which have not been prescribed by your attending physician and administered by appropriate staff, and not complicate or endanger the healing process by consuming alcoholic beverages or toxic substances during your hospital stay and/or visit.
- Meet financial responsibility for services provided.

Thank you for choosing to receive your care at Penn Medicine Princeton Health. It is our pleasure to serve and care for you.