STATE OF NEW JERSEY

PATIENT RIGHTS:

As a patient of PMC, you have the following rights under state law and regulations:

Medical Care
To receive the care and health services that the medical center is required by law to pro-
vide under N.J.S.A. 26:1-1 et seq.

To expect reasonable continuity of care.

To have your pain assessed, treated and re-
evaluated in accordance with evidence-based pain management practices.

To receive an understandable explanation from your physician of your complete medi-
cal condition, recommended treatment, the treatment's experimental or part of a re-
search study, expected results, risks involved, and reasonable medical alternatives. If your physi-
cian does not explain it in terms you can un-
derstand—specific details about the re-
medies/procedures or treatment, all risks involved in the treatment, the potential for recovery, and any reasonable medical alternatives. Your physi-
cian should also explain to you any risks asso-
ciated with the procedure or treatment and the pain relief measures that would be avail-
able to you. If you are unable to give informed, written consent, your physician will speak with a registered professional nurse, your appointed healthcare agent, or plan your care using your advance directive, to the extent authorized by law.

To be cared for by a staff committed to pain preven
tion and the management of pain and other symptoms. To have these healthcare professionals respond quickly to your reports of pain and other symptoms.

To receive a prompt response to safety issues and concerns related to your medical plan of care.

To refuse medication and treatment after possible consequences of this decision has been explained to you by your physician.

To complete an advance directive that would control decisions about healthcare in the event you become unable to make your own decisions.

To have your appointed healthcare agent or alternative represent you in your healthcare decisions regarding your care during any period when you are temporarily or permanently incapable of making decisions about your care. Your appointed agent or alternative shall have the same decisional authority that you would have, if capable, to consent or refuse any intervention, or make any other healthcare decisions, including but not limited to those referred to in this document.

To be included in experimental research only if you or your legal guardian or next of kin, or your appointed healthcare agent, or any other patient or visitor in the room is unrea-
sonable to refuse to participate in experimental research, including the investigations of new drugs and medical procedures.

To participate in ethical trials that arise in the course of your care, including issues of conflict of interest, including exclusion of research staff, withholding necessary treatments, and denying patients the opportunity to withdraw from and be excluded from investigational studies or clinical trials.

To be assured that your visit and treatments will be confidential, with respect to your race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, or disability.

To receive from a physician in advance an explanation of procedures to follow in making medical decisions to which you or your authorized representative has a right to see your medical records.

To receive a copy of the medical center’s payment rates, regardless of source of pay-
ment, when requested. You have the right to be informed by the medical center of any payment rates, regardless of source of payment, that the medical center makes to any person or entity. The medical center will provide a copy of the payment rates to all patients who request one. To receive a copy of your medical record, at a reasonable fee, within 30 days after a written request to the medical center. If access to your medical records is made available to a legally authorized representa-
tive of the patient or the patient’s physician.

Cost of Care
To receive a copy of the medical center’s payment rates, regardless of source of pay-
ment, when requested. You have the right to be informed by the medical center of any payment rates, regardless of source of payment, that the medical center makes to any person or entity. The medical center will provide a copy of the payment rates to all patients who request one. The medical center must also have the responsibility to report unexpected charges to the patient or to the patient’s legal guardian or next of kin, and document that the notifications were received.

To request from a physician in advance an explanation of the reasons for transfer, includ-
ing alternatives, verification of acceptance from the receiving facility, and assurance that the move will not worsen your medical condition. This explanation of the transfer will be given in advance to the patient and, if appropriate, to the patient’s legal guardian or next of kin, appropriate, to the patient’s legal guardian or next of kin, in the patient’s primary care physician and medical facility in writing.

Transfers
To be transferred to another facility only when you or your family have made the request, and, at the request of the patient or the patient’s legal guardian or next of kin, and document that the notifications were received.

To receive a copy of your medical record, at a reasonable fee, within 30 days after a written request to the medical center. If access to your medical records is made available to a legally authorized representa-
tive of the patient or the patient’s physician.

Privacy and Confidentiality
To be treated with courtesy, consideration, and respect for your dignity and health. You have the right to have your medical record kept confidential. Information in your record shall also be respected during other treatments in the medical center.

To receive information about your medical care and implement the responsible practi-
cioner’s order of choice, if necessary.

To freedom from restraints, unless they are medically necessary. You have the right to be informed of the reason for any restraint.

To be free from discrimination based on race, age, religion, national origin, sex, sexual preferences, handi-
caps, disabilities, or by pay, or source of payment.

To receive assistance from your physician in the treatment of your pain and other sym-
ptoms.

To be responsible for your actions if you re-
freedom from discrimination based on race, age, religion, national origin, sex, sexual preferences, handi-
caps, disabilities, or by pay, or source of payment.

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