

Damien Fertility Partners Patient Bill of Rights

Subject:

Patient Satisfaction

Assessment of patient/family satisfaction is most important to us. Please let us know how we can improve our service to you.

Voicing Complaints:

All patient complaints will be investigated. If you have a complaint concerning quality of care, you can contact the Administrator of the Facility at the following address:

Dr. Miguel Damien
655 Shrewsbury Avenue Suite 300
Shrewsbury, NJ 07702
Phone: 732-758-6511 Fax: 732-758-1048

Patient Rights

Purpose:

To insure that each patient's rights are protected, the Patient's Rights and Responsibilities are provided to the patient on initial contact and posted at the registration area and the pre-op consult room.

Policy:

- The Facility is committed to insure that each patient receives professional and humanistic services in manner that protects their fundamental human, civil, constitutional and statutory rights.
- Privacy is provided for all patients. Information is obtained in private and in strict confidence. Facility personnel who are not engaged in the patient's care are not permitted to read the patient's record.
- When the patient is transported to another health care facility and patient's medical record is sent, the record is protected for confidentiality.

Patient Rights and Responsibilities:

The Facility has adopted the following statement of patient rights. This list shall include but not be limited to the patient's right to:

- Become informed of his or her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should he or she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for care.
- Considerate and respectful care provided in a safe environment, free from all forms of abuse and harassment.
- Appropriate assessment and management of pain.
- Remain free from seclusion or restraints of any form that are not medically necessary and remain free from seclusion or restraints of any form that are used as a means of coercion, discipline, convenience, or retaliation by staff.
- Knowledge of the name of the physician who has primary responsibility for coordination his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- Receive information from his/her physician about his/her illness; his/her course of treatment (including unanticipated outcomes) and his/her prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment and to know the name of the person who will carry out the procedure or treatment.
 - Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in each.

- Participate in the development and implementation of his/her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Formulate advance directives regarding his or her healthcare, and have facility staff and practitioners who provide care in the facility, comply with these directives (to the extent provided by state laws and regulations).
- Have a family member or representative of his or her choice notified promptly of his/her admission to the facility.
- Have his or her personal physician notified promptly of his or her admission to the facility.
- Full consideration of privacy concerning his/her medical care program.
 - Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- Confidential treatment of all communications and records pertaining to his/her care and his/her visit at the facility.
 - His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Access information contained in his or her medical record within a reasonable time frame (usually within 48 hours of request).
- Reasonable responses to any reasonable request he/she may make for service.
- Leave the facility even against the advice of his/her physician.
- Reasonable continuity of care.
- Be advised of the facility's grievance process, should he or she wish to communicate a concern regarding the quality of the care he/she receives or if he/she feels determined discharge is premature.
 - Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his/her behalf to investigate the grievance, the results of the grievance, and the grievance completion date.
- Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patient's rights.

Patient's Signature

Date

PRINT NAME

DATE