

PATIENT RIGHTS STATEMENT

AUTHORITY: N.J.A.C 8:43A-6.3(a)2 16.2

For comments or complaints, please see the receptionist or address a letter to the Governing Body.

GOVERNING BODY Sandip Basak, MD, FACR Chairman Roger S. Yang, MD, FACR President Eric B. Lazar, MD Treasurer Tejas Shinde, MD Secretarv

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Consistent with this organization's corporate obligations and policies and in keeping with University Radiology Group, P.C. values and principles, a patient in this facility enjoys the following rights:

- To be treated with courtesy, consideration and respect for the patient's dignity and individuality; 1.
- 2. To treatment and medical services without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, status as a smoker/non-smoker, citizenship, amnesty or status as a covered veteran in accordance with applicable federal, state and local laws.
- З. To retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which the patient is entitled by law:
- To be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient; 4.
- To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the facility's health care personnel; 5.
- To receive in terms that the patient understands an explanation of his or her recommended treatment, risk(s) of the treatment, expected results and reasonable diagnostic alternatives. If the patient is not capable of understanding the 6. information, the explanation shall be provided to his or her next of kin or guardian and documented in the patient's medical record.
- To be informed of these rights in terms the patient could understand. The facility shall conspicuously post the "Patient Rights Statement" and provide patients with access to the rules and regulations governing patient conduct 7. in the facility;
- To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee deposit, and 8. refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
- To refuse medication and treatment: 9.
- To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, 10. interference, coercion, discrimination, or reprisal;
- To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel; 11.
- 12. To confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
- To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing patient; 13.
- To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules; 14.
- To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and 15.
- To be free from discrimination based on: age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility. 16.
- To be informed if the facility has authorized other healthcare and educational institutions to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions, and to 17. refuse to allow their participation in the patient's treatment.
- To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with any rule and regulation. The 18. patient may refuse to participate in experimental research including the investigation of new drugs and medical devices.

Telephone numbers and addresses of the offices where comments or complaints may be lodged regarding patient rights:

Office of Acute Care Assessment and Survey Division of Health Facilities Evaluation and Licensing Department of Health and Senior Services PO Box 358 Trenton, NJ 08625-1358 Telephone: 609-292-9900 800-792-9770

Mammography Accreditation Program American College of Radiology 1891 Preston White Drive Reston, VA 20191-4397

Office of the Ombudsman for the Institutionalized Elderly Division of Elderly Advocacy Department of the Public Advocate PO Box 852 Trenton, NJ 08625-0852

Telephone: 877-582-6995

Telephone numbers of offices where Medicare/Medicaid coverage may be obtained:

Social Security Office Telephone: 800-772-1213 Medicaid Telephone: 800-356-1561

