# Patient's Bill of Rights & Responsibilities

University Hospital has the responsibility to ensure that its patients retain their right of independence in expression, decisions, actions, and personal identity. The Hospital shall not discriminate on the basis of race, color, age, religion, national origin, ethnicity, culture, language, sex, gender identity or expression, sexual orientation, disability, diagnosis, ability to pay, or source of payment. In return, University Hospital has the right to expect reasonable and responsibl...
Every New Jersey hospital patient shall have the following rights, none of which shall be abridged by the hospital or any of its staff. The hospital administrator shall be responsible for developing and implementing policies to protect patient rights and to respond to questions and grievances pertaining to patient rights. These rights shall include at least the following:

## Medical Care

* Receive an understandable explanation from your physician of your complete medical condition including recommended treatment, expected results, risks, and reasonable alternatives.
* Give informed written consent prior to the start of specified, nonemergency medical procedures or treatments only after your physician has explained—in terms you can understand specific details about the recommended procedure or treatment, the risks, time to recover, and reasonable medical alternatives.
* Be informed of the hospital’s written policies and procedures regarding life-saving methods and the use or withdrawal of life-support.
* Refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of refusal.
* Be included in experimental research only when you have given informed consent to participate.
* Choose your own private professional nurse and to contract directly for this care during hospitalization. You can request from the hospital a list of local non-profit professional nurses association registries that refer nurses.
* Receive appropriate assessment and treatment for pain.

## Transfers

* Be transferred to another facility only if the current hospital is unable to provide the level of appropriate medical care or if the transfer is requested by you or your next of kin or guardian.
* Receive from a physician in advance an explanation of the reasons for transfer including alternatives, verification of acceptance from the receiving facility, and assurance that the move will not worsen your medical condition.

## Communication and Information

* Be treated with courtesy, consideration, and respect for your dignity and individuality.
* Know the names and functions of all physicians and other health care professionals directly caring for you.
* Expeditiously receive the services of a translator or interpreter, if needed, to communicate with the hospital staff.
* Be informed of the names, titles, and duties of other health care professionals and educational institutions that participate in your treatment. You have the right to refuse to allow their participation.
* Be advised in writing of the hospital’s rules regarding the conduct of patients and visitors.
* Receive a summary of your rights as a patient, including the name(s) and phone number(s) of the hospital staff to whom to direct questions or complaints about possible violations of your rights. If at least 10% of the hospital’s service area speaks your native language, you can receive a copy of the summary in your native language.

## Medical Records

* Have prompt access to your medical records. If your physician feels that this access is detrimental to your health, your next of kin or guardian has a right to see your records.
* Obtain a copy of your medical records for a reasonable fee within 30 days after submitting a written request to the hospital.

## Cost of Hospital Care

* Receive a copy of the hospital charges, an itemized bill, if requested, and an explanation.
* Appeal any charges and receive an explanation of the appeals process.
* Obtain the hospital’s help in securing public assistance and private health care benefits to which you may be entitled.

## Discharge Planning

* Be informed about any need for follow-up care and receive assistance in obtaining this care required after your discharge from the hospital.
* Receive sufficient time before discharge to arrange for follow-up care after hospitalization.

## Privacy and Confidentiality

* Be provided with physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
* Be assured confidentiality about your patient stay. Your medical and financial records shall not be released to anyone outside the hospital without your approval, unless you are transferred to another facility that requires the information, or release of the information is required and permitted by law.
* Have access to individual storage space for your private use and to safeguard your property if unable to assume that responsibility.

## Freedom from Abuse and Restraints

* Be free from physical and mental abuse.
* Be free from restraints unless authorized by a physician for a limited period of time to protect your safety or the safety of others.

## Civil Rights

* Receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay or source of payment.
* Exercise your constitutional, civil and legal rights.

## Patient Responsibilities

* Provide accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and other health matters.
* Participate in the development and updating of your plan of care.
* Notify your care team if you are experiencing any potential side effects and/or complications.
* Ask questions when you do not understand your care, health problems, treatment, and service or what you are expected to do.
* Follow instructions, policies, rules, and regulations that are in place to support quality care and a safe environment for all individuals in the hospital.
* Accept responsibility for your actions and the results of your actions if you refuse treatment or do not follow recommended care instructions.
* Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and all care team members.
* Show consideration for hospital staff and property as well as other patients’ need for rest and quiet.
* Provide complete and accurate information necessary for processing your hospital bill.
* Provide communication necessary to fulfill the financial obligations related to your healthcare.

##  Questions Complaints and Appeals

* Ask questions or file grievances about patient rights with a designated hospital staff member and receive a response within a reasonable period.
* Be provided, by the hospital, with contact information for the New Jersey Department of Health and Senior Services unit that handles questions and complaints.

**You may contact the following if you have any questions or complaints:**

* **The University Hospital Patient Representative, located in University Hospital, 150 Bergen Street, room C-242, Newark, New Jersey 07101. Phone: (973) 972-6410.**
* The NJ Department of Health. Complaint hotline: (800) 792-9770. Address: NJ Department of Health, Division of Health Facilities Evaluation & Licensing, PO Box 367, Trenton, NJ 08625-0367.
* The Joint Commission. Email: complaint@jointcommission.org. Address: Office of Quality Monitoring, The Joint Commission, One Renaissance Blvd, Oakbrook Terrace, Illinois 60181.

The Patient Bill of Rights is available in English, Spanish/Español, Brazilian Portuguese/ português do Brasil, Haitian Creole/Kreyòl Ayisyen, French/ français, Arabic/ عربى, Portuguese/ Português, Polish/ Polskie, Mandarin/普通话, Russian/ русский. **Phone: (973) 972-6410.**