



PATIENT BILL OF RIGHTS

Zufall Health Center (also referred to as the Health Center) has always recognized that its patients should be treated with dignity and their rights respected. The Health Center welcomes the opportunity to express in a formal way our patients' rights to:

1. Receive Medical/Dental care as indicated by the patient's Medical/Dental condition upon arrival at the Health Center.
2. Be treated with consideration, respect, privacy and full recognition of their dignity and individuality.
3. Be informed of the services available at the Health Center.
4. Be informed of the provisions of off-hour emergency coverage.
5. Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced-cost care.
6. Upon request, obtain the name of the Medical/Dental provider assigned the responsibility for coordinating their care and, upon request consult their provider for the type of care being rendered.
7. Be informed of the name and function of any person providing treatment.
8. Obtain from their provider complete, current information concerning their diagnosis, treatment, and prognosis in a manner that the patient can reasonably be expected to understand.
9. Receive from their provider information necessary to give informed consent prior to the start of any procedure or treatment or both. An informed consent shall include, at a minimum, the specific procedure or treatment or both, the reasonably foreseeable risks involved and alternative for care or treatment, if any, as a reasonable provider under similar circumstances would disclose.
10. Refuse treatment to the extent permitted by law and be informed of the medical consequences of his/her actions
11. Privacy to the extent consistent with providing adequate medical care to the patient. This shall not preclude discreet discussion of the patient's case or examination of patient by appropriate health care personnel.
12. Approve or refuse the release or disclosure of the contents of their medical record to any health care practitioner and/or health care facility except as required by law or third party payment contract.
13. Access their medical record and appeal any denial of the medical record to the NJ Department of Health and Senior Services.
14. The identity, upon request, of other health care institutions that the Health Center has authorized to participate in the patient's treatment.
15. Upon request, examine and receive an itemization of his/her account statement regardless of the source of payment.
16. Treatment without discrimination as to race, color, religion, sex, national origin or source of payment.
17. A smoke-free environment enforced by the Town/City Fire Code, which prohibits smoking in the Health Center.
18. Refuse to participate in experimental research.
19. Voice grievances and recommend changes in policies and services to the Health Center's staff, the Center's President and the NJ Department of Health and Senior Services, without fear of reprisal.
20. Express complaints about the care and services provided and have the Health Center investigate such complaints.
21. Request restrictions on the ways in which the Health Center uses and discloses their health information for treatment, payment or healthcare operations, or discloses information to disaster relief organizations or individuals who are involved in their care. All requests must be submitted in writing.
22. Ask the Health Center to send health information to the patients in a different way or at a different location if they believe that will provide them with additional privacy protection. All requests must be submitted in writing.
23. Inspect or request a copy of the health information the Health Center maintains about the patients, such as medical or billing records. The Health Center may charge the patients a reasonable fee for copies to cover its costs. All requests must be submitted in writing.
24. Request changes to any health information the Health Center maintains about the patients if they state a reason why this information is incorrect or incomplete. All requests must be submitted in writing.
25. Receive a list of certain disclosures made after April 13, 2003, of the patients' health information that has been made by the Health Center for purposes other than treatment, payment or healthcare operations. All requests must be submitted in writing.
26. Obtain a paper copy of the Health Center's Notice of Privacy Practices.
27. A copy of these rights shall be given to each patient or their personal representative upon registration at the Health Center.

PATIENT RESPONSIBILITIES

In order to assist provide safe and comprehensive services, Zufall Health Center asks its patients to:

1. Inform the Health Center personnel of any changes in their medical or dental treatment or condition.
2. Supply accurate and complete information whenever possible to their provider regarding all factors and changes affecting their health status.
3. Cooperate with those providing care.
4. Not be verbally or physically abusive to the Health Center personnel.
5. Avoid discrimination in any form against Health Center personnel.
6. Ask questions if care is not fully understood.
7. Inform the Health center's staff of the need to cancel a scheduled visit promptly, preferably 24 hours prior to the visit.
8. Provide the Health Center with the name, address, and telephone number of the person to contact in case of emergency.
9. Inform the Health Center of any changes affecting the financial status and/or need for service.
10. Provide information necessary to insure the proper process of bills and to plan for the payment of those bills as soon as possible.
11. Comply with the Health Center policies and procedures concerning care.
12. Participate in the development of a care plan and follow through on the prescribed treatment.
13. Arrive at the Health Center ten minutes in advance of the appointment so all necessary papers can be completed with the patient or representative prior to the visit with the provider.
14. Understand that arriving more than 10 minutes late for an appointment means the provider may not be able to see the patient. It will be considered a missed appointment and it may be rescheduled.
15. Understand that after two "no shows" or missed appointments, the Health Center may opt to not schedule an appointment but advise the patient to come in as a "same day" visit.