

To an environment that preserves dignity and contributes to a positive self image.

To have access to storage space in your room for private use. The Facility must also have a system to safeguard your personal property.

**FREEDOM FROM ABUSE AND RESTRAINTS** –To freedom from physical and mental abuse.

To freedom from restraints, unless they are authorized by a physician for a limited period of time to protect the safety of you or others.

To freedom from unnecessary use of physical or chemical restraint and/or seclusion as a means of coercion, convenience or retaliation.

To access protective and advocacy services in cases of abuse or neglect.

**PRIVACY AND CONFIDENTIALITY** – To have physical privacy during medical treatment and personal hygiene functions, unless you need assistance.

To confidential treatment of information about you. Information in your records will not be released to anyone outside the Facility without your approval, unless it is required by law.

**LEGAL RIGHTS** – To treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, gender identity or expression, marital, domestic partnership, or civil union status, handicap, diagnosis, ability to pay, or source of payment.

The right to execute an Advance Directive regarding decisions at the end of life in accordance with Federal and State Patient Self-Determination Act(s).

To exercise all your constitutional, civil and legal rights.

**PRIVATE DUTY NURSING** – To contract directly with a New Jersey licensed registered professional nurse of the patient's choosing for private professional nursing care during his or her hospitalization. A registered professional nurse so contracted shall adhere to Facility policies and procedures in regard to treatment protocols, so long as these requirements are the same for private duty and regularly employed nurses. The Facility upon request, shall provide the patient or designee with a list of local non-profit professional nurses association registries that refer nurses for private professional nursing care.

**QUESTIONS AND COMPLAINTS** – To present questions or grievances to the Department of Patient Relations at 973-754-3147 or email [patientrelations@sjhmc.org](mailto:patientrelations@sjhmc.org) and to receive a response in a reasonable period of time. You may directly contact the N.J. Department of Health Complaint hotline at 1-800-792-9770, or write to the N.J. Department of Health and Senior Services, Healthcare and Oversight, P.O. Box 360, 6th Floor, Room 601, Trenton, NJ 08625. The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1-800-994-6610 or emailing [complaint@jcaho.org](mailto:complaint@jcaho.org).

This list of Patient Rights is an abbreviated summary of the current New Jersey Law and Regulations governing the rights of hospital patients. For more complete information, consult N.J. Department of Health Regulations at N.J.A.C.8:43G-4, or Public Law 1989-Chapter 170, available through the Patient Relations Department by calling 973-754-3147.



# Patient Bill of Rights

## St. Joseph's Healthcare System

A Ministry of the Sisters of Charity of St. Elizabeth

*“Faith, Care, and Medicine, Working Together”*

St. Joseph's Regional Medical Center  
703 Main Street  
Paterson, New Jersey 07503  
973-754-2000

[www.stjosephshealth.org](http://www.stjosephshealth.org)

St. Joseph's Wayne Hospital  
224 Hamburg Turnpike  
Wayne, New Jersey 07470  
973-942-6900

The Patient Bill of Rights is available in Spanish and Arabic. If you would like a copy of the Patient Bill of Rights in Spanish or in Arabic, please call 973-754-3147. Every effort will be made to make the Patient Bill of Rights available to you in a language that you can understand.

Si usted prefiere recibir una copia de los Derechos del Paciente en español, por favor llame al 973-754-3147.

وثيقة حقوق المريض ومسؤولياتك كمريض متوفرة باللغة العربية. إذا رغبت في الحصول على نسخة منها يمكنك الإتصال  
٩٧٣-٧٥٤-٣١٤٧

AS A PATIENT IN ST. JOSEPH'S HEALTHCARE SYSTEM, INC., YOU HAVE THE FOLLOWING RIGHTS UNDER STATE LAW AND REGULATIONS:

**MEDICAL CARE** – To expect that within the Facility's capacity and in accordance with the moral teaching of the Roman Catholic Church, to receive the care and health services as required by law.

To be fully informed in advance of care or treatment and to actively participate in the planning of your care and treatment.

To receive an understandable explanation from your physician of your complete medical condition, recommended treatment, expected results, risks involved, and reasonable medical alternatives. If your physician believes that some of this information would be detrimental to your health, or beyond your ability to understand, the explanation must be given to your next of kin or guardian.

To give informed, written consent prior to the start of specified, non-emergency medical procedures or treatments. Your physician should explain to you – in words you understand – specific details about the recommended procedure or treatment, any risks involved, time required for recovery, and any reasonable medical alternatives. If you are incapable of giving informed consent, your physician will seek consent from your next of kin or guardian.

To refuse medication and treatment after possible consequences of this decision have been explained clearly to you, unless the situation is life-threatening or the procedure is required by law.

To be included in experimental research only if you give informed, written consent. You have the right to refuse to participate in experimental research including the investigations of new drugs and medical devices.

To be advised of the outcomes of care, including unanticipated outcomes.

The patient's family has the right of informed consent of donation of organs and tissues.

To have a family member or representative of your choice be involved in decisions regarding your care, treatment, services or discharge planning.

**COMMUNICATION AND INFORMATION** – To be informed of the names and functions of all health care professionals providing you with personal care. These people should identify themselves by introduction or by wearing a name tag.

To receive, as soon as possible, the services of a translator or interpreter if you need one, to help you communicate with the Facility's health care personnel.

To be informed of the names and functions of any outside health care and educational institutions involved in your treatment. You may refuse to allow their participation.

To receive (or have your next of kin or guardian receive), upon request, the Facility's written policies and procedures regarding life saving methods and the use or withdrawal of life support mechanisms.

To be advised in writing of the Facility's rules regarding the conduct of patients and visitors.

To receive a summary of your patient rights that includes the name and phone number of the Facility Staff member to whom you can ask questions or complain about any possible violation of your rights.

To freely voice complaints without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

To know the relationship(s) of the Facility to other persons or organizations participating in the provision of your care.

**PAIN MANAGEMENT** – As a patient at this Facility, you can expect information about pain and pain relief measures, a concerned staff committed to pain prevention and management, health professionals who respond quickly to reports of pain, state-of-the-art pain management, dedicated pain relief specialists, and that your reports of pain will be believed.

**MEDICAL RECORDS** – To have prompt access to the information in your medical record. If your physician feels that this access is detrimental to your health, your next of kin or guardian has a right to see your record.

To obtain a copy of your medical record, at a reasonable fee, within 30 days after a written request to the Facility.

**COST OF YOUR CARE** – To receive a copy of the Facility payment rates. If you request an itemized bill, the Facility must provide one, and answer any questions you may have. You have a right to appeal any charges.

To be informed by the Facility if part or your entire bill will not be covered by insurance. The Facility is required to help you obtain any public assistance and private health care benefits to which you may be entitled.

**DISCHARGE PLANNING** – To receive information and assistance from your attending physician and other health care providers if you need to arrange for continuing health care after your discharge from the Facility.

To receive sufficient time before discharge to arrange for continuing health care needs.

To be informed by the Facility about any appeal process to which you are entitled by law if you disagree with the Facility's discharge plans.

**TRANSFER** – To be transferred to another Facility only when you or your family has made the request, or in instances where the transferring Facility is unable to provide you with the care you need.

To receive an advance explanation from a physician of the reasons for your transfer and possible alternatives.

**PERSONAL NEEDS** – To be treated with courtesy, consideration, and respect for your dignity and individuality.

To have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.