

**Lakewood Surgery Center, LLC**  
**1215 Route 70, Suite 2000**  
**Lakewood, New Jersey 08701**

The facility observes and respects a patient's rights and responsibilities without regard to race, color, national origin, culture, disability, age, personal values, civil unions, and religion or belief systems. These rights and responsibilities are posted in the Center's waiting room to inform all patients and visitors of the Center's nondiscrimination policy.

The patient has the right to:	
<ul style="list-style-type: none"> <li>▪ To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms that patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To expect and receive appropriate assessment, management and treatment of pain as an internal component of that person's care in accordance with N.J.A.C. 8:43 E-6</li> <li>▪ Be fully informed before any transfer to another facility or organization to ensure the receiving facility has accepted the patient transfer</li> </ul>
<ul style="list-style-type: none"> <li>▪ To be informed of services available I 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 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;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Expect the facility to agree to comply with Federal Civil Rights laws that assure it will provide interpretation for individuals who are not proficient in English. The facility presents information in manner and form, such as TDD, large print materials, Braille, audio tapes and interpreters, that can be understood by hearing and sight impaired individuals</li> </ul>
<ul style="list-style-type: none"> <li>▪ To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Education of patients and families, when appropriate, regarding their roles in managing pain; as well as potential limitations and side effects of pain treatment, if applicable</li> </ul>
<ul style="list-style-type: none"> <li>▪ To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. Their release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Have their personal, cultural, spiritual and/or ethnic beliefs considered when communicating to them and their families about pain management and their overall care</li> </ul>
<ul style="list-style-type: none"> <li>▪ To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;</li> </ul>	
<ul style="list-style-type: none"> <li>▪ 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 law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;</li> </ul>	<p>The patient is responsible for:</p>
<ul style="list-style-type: none"> <li>▪ 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, interference, coercion, discrimination, or reprisal;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.</li> <li>▪ Respecting the property of others and the facility</li> <li>▪ Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.</li> <li>▪ Keeping appointments and, when unable to do so for any reason, notifying the facility and physician</li> </ul>
<ul style="list-style-type: none"> <li>▪ 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;</li> </ul>	
<ul style="list-style-type: none"> <li>▪ To confidential treatment of information about the patient.               <ul style="list-style-type: none"> <li>I. Information in the patient's medical record shall not be released to anyone 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 Department for statutorily authorized purposes.</li> <li>II. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Identifying any patient safety concerns</li> <li>▪ Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.</li> </ul>

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<ul style="list-style-type: none"> <li>▪ 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 the patient;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome</li> </ul>
<ul style="list-style-type: none"> <li>▪ 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;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promptly fulfilling his or her financial obligations to the facility.</li> <li>▪ Payment to facility for copies of the medical records the patient may request</li> </ul>
<ul style="list-style-type: none"> <li>▪ Express grievances/complaints and suggestions at any time to:   <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>The Office of the Ombudsman  PO Box 852  Trenton, NJ 08625-0852  1-877-582-6995  <a href="http://www.state.nj.us/publicadvocate">www.state.nj.us/publicadvocate</a></p> </div> <div style="width: 45%;"> <p>Medicare Ombudsman  1-800-MEDICARE  1-800-633-4227  1-877-486-2048 TTY users  <a href="http://www.medicare.gov">www.medicare.gov</a></p> </div> </div> </li> </ul>	<p><b>Ownership Disclosure</b></p>
<ul style="list-style-type: none"> <li>▪ 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;</li> </ul>	<p>USP New Jersey, Inc.  Meridian Health Management, Inc.  Shore ASC Associates, LLC</p> <ul style="list-style-type: none"> <li>• Charles Rizzo, MD</li> <li>• Cary Glastein, MD</li> <li>• Robert Grossman, MD</li> <li>• David Chalnack, MD</li> <li>• Lance Markbreiter, MD</li> </ul> <p>Lakewood Pain Management, LLC</p> <ul style="list-style-type: none"> <li>• Scott Metzger, MD</li> <li>• Peter Staats, MD</li> </ul> <p>Scott Woska, MD  David Dickerson, MD</p>
<ul style="list-style-type: none"> <li>▪ To not be discriminated against because of 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; and</li> </ul>	