

N.J.A.C. 8:43G-4.1

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- [NJ - New Jersey Administrative Code](#)
- [TITLE 8. HEALTH](#)
- [CHAPTER 43G. HOSPITAL LICENSING STANDARDS](#)
- [SUBCHAPTER 4. PATIENT RIGHTS](#)

§ 8:43G-4.1 Patient rights

(a) 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:

1. To receive the care and health services that the hospital is required to provide under N.J.S.A. 26:1-1 et seq. and rules adopted by the Department to implement this law;
2. To 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;
3. To retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which the patient is entitled by law;
4. To be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;
5. To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel;
6. 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 condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives. 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 his or her next of kin or guardian and documented in the patient's medical record;
7. To give informed, written consent prior to the start of specified nonemergency procedures or treatments only after a physician or clinical practitioner has explained -- in terms that the patient understands -- specific details about the recommended procedure or treatment, the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment. The procedures requiring informed, written consent shall be specified in the hospital's policies and procedures. If the patient is incapable of giving informed, written consent, consent shall be sought from the patient's next of kin or guardian or through an advance directive, to the extent authorized by law. If the patient does not give written consent, a physician or clinical practitioner shall enter an explanation in the patient's medical record;
8. To refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of this act;
9. To be included in experimental research only when he or she gives informed, written consent to such participation, or when a guardian provides such consent for an incompetent patient in accordance with law and regulation. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices;
10. To be informed if the hospital 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 may refuse to allow their participation in the patient's treatment;
11. To be informed of the hospital's policies and procedures regarding life-saving methods and the use or withdrawal of life-support mechanisms. Such policies and procedures shall be made available promptly in written format to the patient, his or her family or guardian, and to the public, upon request;
12. To be informed by the attending physician and other providers of health care services about any continuing health care requirements after the patient's discharge from the hospital. The patient shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge;
13. To receive sufficient time before discharge to have arrangements made for health care needs after hospitalization;
14. To be informed by the hospital about any discharge appeal process to which the patient is entitled by law;
15. To be transferred to another facility only for one of the following reasons, with the reason recorded in the patient's medical record:

- i. The transferring hospital is unable to provide the type or level of medical care appropriate for the patient's needs. The hospital shall make an immediate effort to notify the patient's primary care physician and the next of kin, and document that the notifications were received; or
 - ii. The transfer is requested by the patient, or by the patient's next of kin or guardian when the patient is mentally incapacitated or incompetent;
16. To receive from a physician an explanation of the reasons for transferring the patient to another facility, information about alternatives to the transfer, verification of acceptance from the receiving facility, and assurance that the movement associated with the transfer will not subject the patient to substantial, unnecessary risk of deterioration of his or her medical condition. This explanation of the transfer shall be given in advance to the patient, and/or to the patient's next of kin or guardian except in a life-threatening situation where immediate transfer is necessary;
 17. To be treated with courtesy, consideration, and respect for the patient's dignity and individuality;
 18. To freedom from physical and mental abuse;
 19. To freedom from restraints, unless they are authorized by a physician for a limited period of time to protect the patient or others from injury;
 20. To have physical privacy during medical treatment and personal hygiene functions, such as bathing and using the toilet, unless the patient needs assistance for his or her own safety. The patient's privacy shall also be respected during other health care procedures and when hospital personnel are discussing the patient;
 21. To confidential treatment of information about the patient. Information in the patient's records shall not be released to anyone outside the hospital 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, a medical peer review, or the Department. The hospital may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
 22. To receive a copy of the hospital payment rates, regardless of source of payment. Upon request, the patient or responsible party shall be provided with an itemized bill and an explanation of the charges if there are further questions. The patient or responsible party has a right to appeal the charges. The hospital shall provide the patient or responsible party with an explanation of procedures to follow in making such an appeal;
 23. To be advised in writing of the hospital rules and regulations that apply to the conduct of patients and visitors.
 - i. The partner in a civil union of a patient, and/or the domestic partner of a patient, shall have the same visitation privileges as if the visitor were the patient's spouse.
 - ii. A facility shall not require a patient or the patient's civil union partner or domestic partner to produce proof of that partnership status as a condition of affording visitation privileges, unless the facility in similar situations requires married patients or their spouses to produce proof of marital status.
 - iii. Visitation privileges shall not be denied or abridged on the basis of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, familial status, disability, nationality, sex, gender identity or expression or source of lawful income.
 - iv. Visitation may be restricted in medically appropriate circumstances or based on the clinical decision of a health care professional charged with the patient's care;
 24. To have prompt access to the information contained in the patient's medical record, unless a physician prohibits such access as detrimental to the patient's health, and explains the reason in the medical record. In that instance, the patient's next of kin or guardian shall have a right to see the record. This right continues after the patient is discharged from the hospital for as long as the hospital has a copy of the record;
 25. To obtain a copy of the patient's medical record, at a reasonable fee, within 30 days of a written request to the hospital. If access by the patient is medically contraindicated (as documented by a physician in the patient's medical record), the medical record shall be made available to a legally authorized representative of the patient or the patient's physician;
 26. To have access to individual storage space in the patient's room for the patient's private use. If the patient is unable to assume responsibility for his or her personal items, there shall be a system in place to safeguard the patient's personal property until the patient or next of kin is able to assume responsibility for these items;
 27. To be given a summary of these patient rights, as approved by the Department, and any additional policies and procedures established by the hospital involving patient rights and responsibilities. This summary shall also include the name and phone number of the hospital staff member to whom patients can complain about possible patient rights violations. This summary shall be provided in the patient's native language if 10 percent or more of the population in the hospital's service area speak that language. In addition, a summary of these patient rights, as approved by the Department, shall be posted conspicuously in the patient's room and in public places throughout the hospital. Complete copies of this subchapter shall be available at nurse stations and other patient care registration areas in the hospital for review by patients and their families or guardians;
 28. To present his or her grievances to the hospital staff member designated by the hospital to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time. The hospital is required to provide each patient or guardian with the names, addresses, and telephone numbers of the government agencies to which the patient can complain and ask questions, including the Department's Complaint Hotline at 1-800-792-9770. This information shall also be posted conspicuously in public places throughout the hospital;
 29. To be assisted in obtaining public assistance and the private health care benefits to which the patient may be entitled. This includes being advised that they are indigent or lack the ability to pay and that they may be eligible for coverage, and receiving the information and other assistance needed to qualify and file for benefits or reimbursement;

30. 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 hospital policies and procedures in regard to treatment protocols, and policies and procedures so long as these requirements are the same for private duty and regularly employed nurses. The hospital, 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; and
31. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care, in accordance with N.J.A.C. 8:43E-6.

History

HISTORY:

Amended by R.1992 d.72, effective February 18, 1992.

See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).

Native language and distribution requirements added at (a)27.

Petition for Rulemaking: Petition from N.J. Hospital Assoc.

See: 24 N.J.R. 4131(a), 24 N.J.R. 4290(a), 25 N.J.R. 4676(b).

Amended by R.1995 d.124, effective March 20, 1995.

See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).

Amended by R.1999 d.436, effective December 20, 1999.

See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

Rewrote (a)8.

Amended by R.2005 d.279, effective September 6, 2005.

See: 37 N.J.R. 709(a), 37 N.J.R. 3365(a).

In (a)1, added "and Senior Services" following "Department of Health"; in (a)6 and 7, added "or clinical practitioner" following "physician" throughout; in (a)29, delete "and" at the end of the paragraph; in (a)30, substituted "; and" for "." at the end of the paragraph; added (a)31.

Amended by R.2011 d.055, effective February 22, 2011.

See: 42 N.J.R. 1774(a), 42 N.J.R. 2561(a), 43 N.J.R. 401(b).

In the introductory paragraph of (a)23, substituted a period for a semicolon at the end; and added (a)23i through (a)23iv.

Notice of readoption with technical changes, effective January 16, 2018.

See: 50 N.J.R. 552(b).

Petition for Rulemaking.

See: 53 N.J.R. 1935(a).

Petition for Rulemaking.

See: 54 N.J.R. 1105(b).