

Performance Surgery Center, LLC

1084 Main Avenue, 2nd Floor, Clifton, NJ 07011

Patient Rights and Responsibilities

The following outlines your protected health information rights and your responsibilities regarding care at our facility. Performance Surgery Center, LLC is committed to informing all patients of their rights and responsibilities at the time of admission or registration. If a patient is unable to understand or exercise these rights, a legal representative such as a healthcare proxy, guardian, or individual holding medical power of attorney may do so on their behalf.

Patient Rights

- - Inspect and Copy Your Protected Health Information: You may request to inspect or obtain a copy of your protected health information, with some exceptions (e.g., psychotherapy notes, legal proceedings).
- - Request Restrictions on Use and Disclosure: You may ask us not to use or share certain parts of your health information. Requests may include restrictions on sharing with family or friends involved in your care. While we will consider your request, we are not required to agree if it conflicts with providing optimal care.
- - Confidential Communications: You may request communication with you by alternative means or at a specific location.
- - Amend Your Records: If your information is incorrect, you may request an amendment. If denied, you may submit a disagreement statement that we will include in your record.
- - Receive a Disclosure Accounting: You may request a list of certain disclosures of your protected health information.
- - File Complaints Without Retaliation: If you believe your privacy rights have been violated, you may file a complaint with our HIPAA Compliance Officer or with the Secretary of Health and Human Services. You will not face retaliation for filing a complaint.
- - Obtain a Copy of This Notice: You have the right to request and receive a paper or digital copy of this notice at any time.

Patient Responsibilities

- - Provide accurate and complete information about past illnesses, hospitalizations, medications, and other aspects of your health.
- - Follow the care and treatment plan recommended by your healthcare provider.
- - Inform your provider if you do not understand or cannot follow the diagnosis, treatment, or care plan.
- - Notify staff if you are dissatisfied with any aspect of your care.
- - Assume financial responsibility for services rendered, including charges not covered by insurance.
- - Avoid using non-prescribed drugs or substances and report any use of alcohol or tobacco prior to surgery.
- - Provide a responsible adult to transport you home after your procedure.

Exercising Rights on Behalf of the Patient

If a patient is unable to make decisions due to physical or mental incapacity, a designated legal representative—such as a healthcare proxy, guardian, or power of attorney—may exercise the patient's rights on their behalf. Performance Surgery Center, LLC respects and supports the role of patient representatives in making informed care decisions.

Filing Complaints

If you wish to file a written complaint, you may contact:

Division of Health Facilities – State of New Jersey

P.O. Box 367

Trenton, NJ 08625

Phone: (800) 792-9770

Office of the Ombudsman for Institutionalized Elderly

P.O. Box 852

Trenton, NJ 08625

Phone: (800) 624-4262

We are committed to maintaining the privacy and security of your protected health information as required by law. For questions or objections regarding this document, please contact our HIPAA Compliance Officer on our main phone number.

Would you like a copy of this page? (Please check one.) ☐ Yes ☐ No

Signature: _____ Date: _____

By signing above, I have read and understood the contents of this document.