



Patient Bill of Rights and Responsibilities

As a patient of our Practice, you have certain rights and responsibilities. Please Review Carefully.

You Have The Right To:

- Be treated with dignity, respect, and consideration
- Not be subjected to abuse, neglect, exploitation, coercion, manipulation, sexual abuse or sexual assault, restraint or seclusion (subject to R9-10-1012(B)), retaliation for submitting a complaint to the Department or another entity, or misappropriation of personal or private property by an outpatient treatment center's personnel member, employee, volunteer, or student
- Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis
- Receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities
- Receive privacy in treatment and care for personal needs
- Review, upon written request, the patient's own medical records
- Receive a referral to another health care institution if the outpatient treatment center is not authorized or able to provide physical health services or behavioral health services needed by the patient
- Participate or have the patient's representative participate in the development of, or decisions concerning, treatment
- Participate or refuse to participate in research or experimental treatment
- Receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights
- Refuse treatment to the extent allowed by law

You Have The Responsibility To:

- Provide honest, complete information about matters that relate to the patient's care
- Show respect and consideration for the rights of fellow patients, the staff, and our property
- Ask questions when you do not understand information or instructions
- Comply with the rules of our facility, including our visitor and smoke-free environment policies
- Express your opinions, concerns or complaints in a constructive manner to the appropriate people at our facility as they arise
- Make it known whether or not you understand the care and diagnostic tests to be performed and take an active role in your treatment by being informed, prepared, and adhere to any pre and post procedure instructions
- Keep scheduled appointments or notify us if you will be delayed as soon as reasonably possible; or, if unable to keep scheduled appointments, notify us 24 hours in advance.
- Relay any current medication(s) you are taking or any medical allergies to a healthcare provider
- Learn how to access information pertaining to your health care coverage
- Inform us about any living will, medical power of attorney, or other directive that may affect your care
- Behave in a manner that is not disruptive to the delivery of healthcare or to yourself or others.
- Verify with your insurance company whether SimonMed Imaging participates with your insurance plan and if you have deductibles and/or co-pays

- Present your insurance card and proper identification prior to receiving services.
- Pay all charges, if any, for appointments and non-covered services at the time service is rendered.
- Accept personal financial responsibility for any charges not covered by your insurance.

Administrator Shall Ensure That:

- A patient or the patient's representative either consents to or refuses treatment, except in an emergency
- A patient or the patient's representative may refuse or withdraw consent before treatment is initiated
- A patient or the patient's representative is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure, except in emergencies
- A patient or the patient's representative is informed of the outpatient treatment center's policy on health care directives and the patient complaint process
- A patient consents to a photograph before taken, except that a patient may be photographed when admitted to an outpatient treatment center for identification on and administrative purposes
- A patient provides written consent to release information in the patient's medical record or financial records, except as otherwise permitted by law

Patient Comment or Complaint Process:

- If at any time you have questions or concerns regarding your Rights and Responsibilities, please ask to speak with the Site Manager or contact the Compliance Department at (602) 688-6116.
- Any patient or patient's representative has the right to report any concerns to: The Florida Department of Health Services 4052 Bald Cypress Way, Tallahassee, FL 32399 @850-245-4444 or American College of Radiology 1891 Preston White Dr. Reston, VA 20191 @703-648-8900.