



## Patient Rights and Responsibilities

SimonMed Imaging is committed to providing quality and cost-effective imaging services. As a patient of SimonMed Imaging, you have certain rights and responsibilities. It is important that you understand them.

### You have the Right:

- To be treated with dignity, courtesy and respect. Not to be discriminated against based on race, national origin, religion gender, sexual orientation, age, disability, marital status or diagnosis.
- A patient will not be subject to abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault, retaliation or misappropriation of personal or private property.
- To receive assistance in a prompt, courteous and responsible manner.
- To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- To receive treatment that supports and respects the patient's individuality, choices, strengths and abilities.
- To confidential handling of all communications and medical information maintained at SimonMed Imaging, as provided by law and medical ethics. Your written permission will always be required for SimonMed Imaging's release of Private Health Information (PHI) except when:
  - Health professionals providing for your care request clinical information.
  - SimonMed Imaging is legally obligated to release PHI.
  - SimonMed Imaging prepares and releases information in the form of statistical summaries that do not identify individuals.
  - Information is necessary to support or facilitate claims payment, utilization management or quality management.
- To be informed by your health care provider of services you will receive in terms you understand in your primary language.
- To be informed by SimonMed healthcare professionals about any treatment/services you may receive. Your health care professional should request your consent for all treatment, unless there is an emergency and your life and health are in serious danger.
- To participate or have the patient's representative participate in the development of, or decisions concerning, treatment.
- To participate or refuse to participate in research or experimental treatment.
- To review your own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01.
- To refuse treatment/services and be advised of the possible consequences of your decision by SimonMed health care professionals. We encourage you to discuss your objection with your referring physician before scheduling with SimonMed Imaging. He or she will advise and discuss alternative treatment plans with you, but you will have the final decision regarding your health care.
- To receive a referral to another health care institution if the outpatient treatment center is not authorized or not

able to provide physical or behavioral health services needed by the patient.

- To express a complaint about SimonMed Imaging and/or the quality of care you have received and to receive a response in a timely manner.
- To initiate the grievance procedure if you are not satisfied with services please contact Operations Department @602-688-6116, The Department of Health @602-364-3030, or ACR @703-648-8900.
- To be provided with information pertaining to your financial responsibility for all services rendered.

### You have the Responsibility:

- To provide honest, up-to-date, and complete information to those providing you care.
- To ask questions when you do not understand information or instructions.
- To express your opinions, concerns or complaints in a constructive manner to the appropriate people within SimonMed Imaging as they arise.
- To 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 adhering to any pre and post procedure instructions.
- To keep scheduled appointments or notify SimonMed Imaging if you will be delayed as soon as reasonably possible; or, if unable to keep scheduled appointments, notify the office 24 hours in advance.
- To relay any current medication(s) you are taking or any medical allergies to a SimonMed healthcare provider.
- To learn how to access information pertaining to your health care coverage.
- To inform SimonMed Imaging about any living will, medical power of attorney, or other directive that may affect your care.
- To behave in a manner that is not disruptive to the delivery of healthcare or to themselves or others.
- To verify with your insurance company whether SimonMed Imaging participates with their insurance plan and if you have deductibles and/or co-pays.
- To present your insurance card and proper identification prior to receiving services.
- To pay all charges, if any, for appointments and non-covered services at the time service is rendered.
- To accept personal financial responsibility for any charges not covered by your insurance.

If at any time you have questions or concerns regarding your Rights and Responsibilities, please contact the Operations Department at (602) 688-6116.