

## YOU HAVE THE RIGHT TO:

- Exercise these rights as set forth in California Code of Regulations, Title 22, Div. 5, Ch. 1, Art. 7, Sec. 70707, without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner status, or the source of payment for care.
- Considerate and respectful care.
- Knowledge of the name of the licensed healthcare practitioner who has primary responsibility for coordinating the care, and the names and professional relationships of physicians and nonphysicians who will see you.
- Receive information about the illness, the course of treatment and prospects for recovery in terms that you can understand.
- Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or nontreatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to your care and stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.
- Reasonable responses to any reasonable requests made for service.
- Leave the hospital even against the advice of members of the medical staff.
- Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of persons providing the care.



## Patient Rights and Responsibilities

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

**SimonMed Imaging**  
16220 N. Scottsdale Road, Suite 600  
Scottsdale, Arizona 85254  
866-614-8555

- Be advised if the hospital/licensed healthcare practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting care or treatment. You have the right to refuse to participate in such research projects.
- Be informed of continuing health care requirements following discharge from the hospital.
- Examine and receive an explanation of our bill regardless of source of payment.
- Know which rules and policies apply to your conduct while a patient.
- Have all your rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.
- Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
  - » No visitors are allowed.
  - » The facility reasonably determines that the presence of a particular visitor would endanger your health or safety, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
  - » You have indicated to the health facility staff that you no longer want this person to visit.
- Have your wishes considered for purposes of determining who may visit if you lack decision-making capacity and to have the method of that consideration disclosed in our policy on visitation. At a minimum, this includes any person living in your household.

**YOU HAVE THE RESPONSIBILITY TO:**

- Provide honest, complete information about matters that relate to your 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; If you are 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:**

- You or your representative either consents to or refuses treatment, except in an emergency.
- You or your representative may refuse or withdraw consent before treatment is initiated.
- You or your representative is informed of alternatives to a proposed psychotropic medication or surgical procedure and any associated risks and possible complications of a proposed psychotropic medication or surgical procedure, except in emergencies.

- You or your representative is informed of our outpatient treatment center's policy on health care directives and the patient complaint process.
- You consent to a photograph before being taken, except that you may be photographed when admitted to one of our outpatient treatment facilities for identification and administrative purposes
- You provide written consent to release information in your medical record or financial records, except as otherwise permitted by law
- All SimonMed personnel observe these patients' rights.

**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 manager of our facility or contact our Compliance Department by phone at 602-688-6116.
- You or your representative have the right to report any concerns to:

California Department of Public Health at the nearest District Office to your SimonMed facility. You can locate the nearest District Office online at:  
[www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx](http://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx)

You may also contact them online at:  
[www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/Complaint.aspx](http://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/Complaint.aspx)

or

American College of Radiology  
 1891 Preston White Dr., Reston, VA 20191  
 703-648-8900

or

RadSite Accreditation  
 326 First Street, Suite 28, Annapolis, MD 21403  
 443-440-6007



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**Imaging**  
*See Tomorrow Today<sup>®</sup>*