

YOU HAVE THE RIGHT TO:

- Be treated with courtesy and respect, with appreciation of your individual dignity and with protection of your need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what patient support services are available, including whether an interpreter is available if you do not speak English.
- Know what rules and regulations apply to your conduct.
- Be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- If you are eligible for Medicare, you have the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts Medicare assignment rate.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap or source of payment.



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
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- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to consent or refuse to participate in such experimental research.
- Express grievances regarding any violation of your rights, as stated in Florida law, including, but not limited to, Florida Statutes, Section 381.026, through the grievance procedure of the health care provider or health care facility which served you and to the appropriate state licensing agency.

YOU HAVE THE RESPONSIBILITY TO:

- Provide to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matter relating to your health.
- Report unexpected changes in your condition to the health care provider.
- Tell our health care provider whether you comprehend a contemplated course of action and what is expected of you.
- Follow the treatment plan recommended by the health care provider.
- Keep your appointments and, when you are unable to do so for any reason, notify the health care provider or health care facility.
- Follow the health care providers instructions and accept responsibility for your actions if you refuse treatment or do not follow the health care provider's instructions.
- Assure that your financial obligations for health care are fulfilled as promptly as possible.

- Follow our facility rules and regulations affecting patient care and conduct.

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 the associated risks and possible complications of such proposed psychotropic medication or surgical procedure, except in emergencies.
- A patient or the patient's representative is informed of our 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.
- 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 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:

Florida Department of Health
4052 Bald Cypress Way
Bin C75
Tallahassee, FL 32399

Online at
<https://mqa-flhealthcomplaint.doh.state.fl.us/>

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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