

YOU HAVE THE RIGHT TO:

- Receive a copy of this description of the rights afforded to you under Nevada Rev. Statutes 449.700–730.
- Receive considerate and respectful care.
- Refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.
- Refuse to participate in any medical experiments conducted at the facility.
- Retain your privacy concerning your program of medical care.
- Have any reasonable request for services reasonably satisfied by our facility considering our ability to do so.
- Receive continuous care from our facility.
- Be informed:
 - » Of your appointments for treatment and the names of the persons available at the facility for those treatments; and
 - » By your physician or an authorized representative of the physician, of your need for continuing care.
- Confidentiality of all discussions of your care, consultations with other persons concerning your care, examinations or treatments, and all communications and records concerning your care.
- Consent to the presence of any person who is not directly involved with your care during any examination, consultation or treatment.
- Receive information concerning any other medical or educational facility or facility which relates to your care.
- Obtain information concerning the professional qualifications or associations of the persons who are treating you.
- Receive the name of the person responsible for coordinating your care in the facility.
- Be advised if the facility in which you are a patient proposes to perform experiments on patients which affect your own care or treatment.



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

- Receive from your physician a complete and current description of your diagnosis, plan for treatment and prognosis in terms which you are able to understand. If it is not medically advisable to give this information to you, the physician shall:
 - » Provide the information to an appropriate person responsible for you; and
 - » Inform that person that he or she shall not disclose the information to you.
- Receive from your physician the information necessary for you to give your informed consent to a procedure or treatment. Except in an emergency, this information must not be limited to a specific procedure or treatment and must include:
 - » A description of the significant medical risks involved;
 - » Any information on alternatives to the treatment or procedure if you request that information;
 - » The name of the person responsible for the procedure or treatment; and
 - » The costs likely to be incurred for the treatment or procedure and any alternative treatment or procedure.
- Examine the bill for your care and receive an explanation of the bill, whether or not you are personally responsible for payment of the bill.
- Know the regulations of the facility concerning your conduct at the facility.
- Receive, within reasonable restrictions as to time and place, visitors of your choosing, including, your friends and family, and to designate such persons in writing in the event that you are unable to communicate such authorization to the staff of the facility.
- Be transferred to another facility in the event the facility cannot properly treat you and to receive an explanation of the need to transfer you to another facility and the alternatives available to the transfer.

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 and prepared and by adhering to any pre- and post-procedure instructions.
- Keep scheduled appointments or notify us as soon as reasonably possible if you will be delayed; 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 to you 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.



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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 are informed of alternatives to proposed psychotropic medication or surgical procedure and the associated risks and possible complications of a proposed psychotropic medication or surgical procedure, except in emergencies.
- You or your representative are informed of our outpatient treatment facility'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 our outpatient treatment facility 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.

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:

Nevada Department of Health and Human Services
 Division of Public and Behavioral Health
 Bureau of Health Care Quality and Compliance
 4220 S. Maryland Parkway, #D-810, Las Vegas, NV 89119
 702-668-3250

or

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

or

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