

## YOU HAVE THE RIGHT TO:

- Receive a copy of this description of the rights afforded to you under New York State law and as described in the New York State Department of Health Publication 1515 (rev. Feb. 2019 (and similar to the rights afforded under NY Consolidated Laws, Public Health Law § 2803 and 10 NYCRR, §§ 405.7, noting that SimonMed is not a hospital subject to the requirements thereunder).
- Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age or source of payment.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- Receive emergency care if you need it.
- Be informed of the name and position of the doctor who will be in charge of your care in the facility.
- Know the names, positions and functions of any facility staff involved in your care and refuse their treatment, examination or observation.
- Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
- Receive complete information about your diagnosis, treatment and prognosis.
- Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet: "Deciding About Health Care— A Guide for Patients and Families."
- Refuse treatment and be told what effect this may have on your health.
- Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- Privacy while in the facility and confidentiality of all information and records regarding your 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

- Participate in all decisions about your treatment and discharge from the facility. The facility must provide you with a written discharge plan and written description of how you can appeal your discharge.
- Review your medical record without charge, and obtain a copy of your medical record for which the facility can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- Receive an itemized bill and explanation of all charges.
- View a list of the facility's standard charges for items and services and the health plans the facility participates with.
- Challenge an unexpected bill through the Independent Dispute Resolution process.
- Complain without fear of reprisals about the care and services you are receiving and to have the facility respond to you and if you request it, a written response. If you are not satisfied with the facility's response, you can complain to the New York State Health Department. The facility must provide you with the State Health Department telephone number.
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- Make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the facility.
- Receive an estimate of the amount you will be billed after services are rendered.

#### **YOU HAVE THE RESPONSIBILITY TO:**

- Provide, to the best of your knowledge, accurate, honest, and complete information about matters that relate to your care, including information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- Report unexpected changes in your condition to the physician or other professionals who are responsible for 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.
- Honestly 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 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) are 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.
- You (or your representative) are informed of the 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 an outpatient treatment center 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:**

- You or your representative have the right to report any concerns to:

New York State Department of Health  
Office of Professional Medical Conduct,  
Central Intake Unit Riverview Center  
150 Broadway, Suite 355, Albany, NY 12204  
518-402-0836

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



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

**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.**