

YOU HAVE THE RIGHT TO:

- Receive a copy of this description of the rights afforded to you under Texas Health and Safety Code § 321.002.
- Receive access to equal medical treatment and accommodations regardless of your race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with your treatment and procedure prior to the procedure.
- Exercise your rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain your maximum state of health and if necessary, cope with death.
- Expect personnel who care for you to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at our facility, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of your treatment. If you are unable to participate in those decisions, your rights shall be exercised by your designated representative or other legally designated person.
- Make informed decisions regarding your care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. You accept responsibility for your actions should you refuse treatment or not follow the instructions of the physician or facility.



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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- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third-party payment contract.
- Be informed of any human experimentation or other research or educational projects affecting your care of treatment. You can refuse participation in such experimentation or research without compromise to your usual care.
- Express grievances/complaints and suggestions at any time.
- Access to and/or copies of your medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted your transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for you.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- Have an assessment and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.
- If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state laws may exercise the patient's rights to the extent allowed by state law.

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.



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ADMINISTRATOR SHALL ENSURE THAT:

- You (or your representative) are either consent to or refuse treatment, except in an emergency.
- You (or your representative) are 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:

- 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:

Texas Health and Human Services Commission
Complaint and Incident Intake, Mail Code E-249
PO Box 149030, Austin, TX 78714
888-973-0022

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