

YOU HAVE THE RIGHT TO:

- Be treated with dignity, respect, and consideration.
- Not be subjected to abuse, neglect, exploitation, coercion, manipulation, sexual abuse or sexual assault, restraint or seclusion (subject to A.A.C. R9-10-1012(B)), retaliation for submitting a complaint to the Arizona Department of Health Services or another entity, or misappropriation of personal or private property by an outpatient treatment center's personnel member, employee, volunteer or student.
- Not to be discriminated against based on your race, national origin, religion, gender, sexual orientation, age, disability, marital status or diagnosis.
- Receive treatment that supports and respects your individuality, choices, strengths and abilities.
- Receive privacy in treatment and care for your needs.
- Review, upon written request, your medical records.
- Receive a referral to another health care institution if our outpatient treatment center is not authorized or able to provide the physical health services or behavioral health services you need.
- Participate or have your representative participate in the development of, or decisions concerning, your treatment.
- Participate or refuse to participate in research or experimental treatment.
- Receive assistance from a family member, your representative, or other individual in understanding, protecting or exercising your rights.
- Refuse treatment to the extent allowed by law.



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

YOU HAVE THE RESPONSIBILITY TO:

- Provide honest and 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 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 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 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.

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:

Arizona Department of Health Services
Medical Facilities Licensing
150 N. 18th Avenue, Ste. 450
Phoenix, AZ 85007
602-364-3030

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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