

## YOU HAVE THE RIGHT TO:

- Participate in all decisions involving your care or treatment.
- Be informed about whether our health care facility is participating in teaching programs, and to provide informed consent prior to being included in any clinical trials relating to the your care.
- Refuse any drug, test, procedure, or treatment and to be informed of associated risks and benefits.
- To care and treatment, in compliance with 6 CCR 1011-1 Ch. 2, that is respectful, recognizes a person's dignity, cultural values and religious beliefs, and provides for personal privacy, to the extent possible during the course of your treatment.
- Know the names, professional status, and experience of the staff that are providing your care or treatment.
- Receive, upon request:
  - » prior to initiation of care or treatment, your estimated average charge for care that is not an emergency. This includes reasonable assistance with determining the charges which may include deductibles and copayments that would not be covered by a third-party payer based on the coverage information supplied by you or your designated representative. As a health care entity, we may provide you with the estimated charge for an average patient with a similar diagnosis and inform you or your designated representative that there are variables that may alter the estimated charge.
  - » our health care general billing procedures.
  - » an itemized bill that identifies treatment and services by date, which enables you to validate the charges for the items and services provided, including contact information and telephone number for billing inquiries. Our itemized bill must be made available to you within 10 business days of your request or 30 days after discharge for inpatient care, or 30 days after the service is rendered for outpatients – whichever is later.
- Give informed consent for all treatment and procedures. It is the responsibility of the licensed independent practitioner and other health professionals to obtain informed consent for procedures that they provide to you.
- Register complaints with us and the Colorado Department of Public Health and Environment and to be informed of the procedures for registering complaints including contact information.



## 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

- Be free of abuse and neglect. As a health care entity, we are required to develop and implement policies and procedures to prevent, detect, investigate, and respond to incidents of abuse or neglect. Prevention includes, for example, adequate staffing to meet the needs of the patients, screening employees for records of abuse and neglect and protecting patients from abuse during investigation of allegations. Detection includes, but is not limited to, establishing a reporting system and training employees regarding identifying, reporting, and intervening in incidences of abuse and neglect. As a health care entity we shall investigate, in a timely manner, all allegations of abuse or neglect and implement corrective actions in accordance with such investigations.
- Be free of the inappropriate use of restraints, including improper application of a restraint or the usage of a restraint as a means of coercion, discipline, convenience, or retaliation by staff. A health care entity that does not use restraints shall include a written statement in their policies and procedures to that effect. A health care entity that does use restraints shall develop and implement policies and procedures regarding:
  - » the provision of training on the use of restraints.
  - » ongoing individual patient assessment to determine: when a medical condition or symptom indicates use of restraint to protect the patient or others from harm; the least restrictive intervention; and the discontinuation of the intervention at the earliest possible time
  - » documentation of the use of restraint in the patient's medical record.
- Except in emergency situations, patients shall only be accepted for care and services when our facility can meet their identified and reasonable anticipated care, treatment and service needs.
- Care delivered by us in accordance with your needs.
- Confidentiality of medical records.
- Receive care in a safe setting.
- Disclosure as to whether referrals to other providers are entities in which we have a financial interest.
- To formulate advance directives and have us and other health care entities comply with such directives, in accordance with applicable state law.

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

- Provide honest, complete information about the your health status, medical history, hospitalizations, medications and other 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 adhere to any pre- and post-procedure instructions.
- Participate in the development of your plan of care and then follow that plan.
- 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 or to yourself 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.

#### **ADMINISTRATOR SHALL ENSURE THAT:**

- You or your representative either consent to or refuse 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 facility's policy on health care directives and the patient complaint process.
- You consent to a photograph before being taken, except that a you may be photographed when admitted to one of our outpatient treatment centers 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:
  - Colorado Department of Public Health and Environment  
Health Facilities Division  
4300 Cherry Creek Drive South, Denver, CO 80222  
303-692-2800
  - 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

