

YOU HAVE THE RIGHT TO:

- Receive a copy of this description of the rights afforded to you under 410 Ill. Compiled Stat. 50.
- Access care and treatment that is available and medically indicated, regardless of race, creed, sex, sexual preference, gender identity and/or preference, religious preference, national origin, disability, veteran status, sources of payment for care or any other basis prohibited by federal, state or local law.
- Considerate, respectful and dignified care with recognition of your psychosocial, spiritual, and cultural perspectives and the right to be free of all forms of abuse and harassment.
- Dying patients have the right to care which optimizes their comfort and dignity.
- Care consistent with sound nursing and medical practices within the facility's capacity, its stated mission, and applicable laws and regulations. You do not have the right to treatment that is medically unnecessary or ineffective, ethically inappropriate, or inconsistent with the standards of good medical care.
- Knowledge of the identity and professional status of healthcare professionals providing service to you, including which physician is primarily responsible for your care.
- To have a family member or other individual and your physician notified promptly if you are admitted to a hospital as a result of the facility's need to transfer your care.
- Reasonably informed participation in your healthcare, including clear and concise explanations of your diagnosis, prognosis, alternative procedures and forms of treatment, anticipated results, and associated risks and benefits. This includes the right to participate in the development and implementation of your plan of care.
- Designate an individual to serve as your representative in making decisions concerning your care.
- Designate a support person to be present during the course of your admission, who will receive notice of your visitation rights, and designate visitors who will receive full and equal visitation privileges consistent with your preferences and facility policy. This includes the right to consent to receive



Patient Rights and Responsibilities

As our patient, you have
certain rights and responsibilities.
Please Review Carefully.

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- visitors (including a spouse or domestic partner, including a same-sex domestic partner, another family member, or a friend) or to deny consent to receive specific visitors, either orally or in writing. You have the right to be informed of the basis for any limitations or restrictions of your visitation rights under facility policy.
- Accept or refuse treatment and to be informed of the medical consequences of any refusal.
- Consent to or decline to participate in proposed research studies and to have those studies fully explained prior to consent. The decision to refuse participation or withdraw from a research study will not affect your care.
- Reasonable personal safety while receiving care.
- Receive information about your care in a language you can understand.
- Request and receive an itemized copy and/or explanation of your charges.
- Receive information and participate in decisions related to effective management of pain.
- Personal privacy consistent with your care needs and to receive a paper copy of the facility's Notice of Privacy Practices, which describes your rights regarding confidentiality of your health information under the Federal Privacy Rule (HIPAA).
- Remain free from restraint unless there is appropriate clinical justification to protect you from harming yourself or others.
- Access bioethics consultation if you or your family deem necessary.

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, 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 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) 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 our outpatient treatment center's policy on health care directives and the patient complaint process.
- You consent to a photograph before being taken, except 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:

Illinois Department of Public Health
Office of Health Care Regulation
525 W. Jefferson Street, 5th Floor
Springfield, IL 62761
800-252-4343

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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