

YOU HAVE THE RIGHT TO:

- Be treated in a dignified and respectful manner and to receive reasonable responses to reasonable requests for service.
- To effective communication that provides information in a manner you understand, in your preferred language with provisions of interpreting or translation services, at no cost, and in a manner that meets your needs in the event of vision, speech, hearing or cognitive impairments. Information should be provided in easy to understand terms that will allow you to formulate informed consent.
- Respect for your cultural and personal values, beliefs and preferences.
- Personal privacy, privacy of your health information and to receive a notice of the facility's privacy practices.
- Pain management.
- Accommodation for your religious and other spiritual services.
- To access, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation within a reasonable time frame.
- To have a family member, friend or other support individual be present with you during the course of your stay, unless that person's presence infringes on others' rights, safety or is medically contraindicated.
- Care or services provided without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- Participate in decisions about your care, including developing your treatment plan, discharge planning and having your family and personal physician promptly notified of your admission.
- Select providers of goods and services to be received after discharge.
- Refuse care, treatment or services in accordance with law and regulation and to leave the facility against advice of the physician.
- Have a surrogate decision-maker participate in care, treatment and services decisions when you are unable to make your own decisions.
- Receive information about the outcomes of your care, treatment and services, including unanticipated outcomes.
- Give or withhold informed consent when making decisions about your care, treatment and services.
- Receive information about benefits, risks, side effects to proposed care, treatment and services; the likelihood of achieving your goals and any potential problems that might occur during recuperation from proposed care, treatment and service and any reasonable alternatives to the care, treatment and services proposed.



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

- Give or withhold informed consent to recordings, filming or obtaining images of you for any purpose other than your care.
- Participate in or refuse to participate in research, investigation or clinical trials without jeopardizing your access to care and services unrelated to the research.
- Know the names of the practitioner who has primary responsibility for your care, treatment or services and the names of other practitioners providing your care.
- Formulate advance directives concerning care to be received at end-of-life and to have those advance directives honored to the extent of the facility's ability to do so in accordance with law and regulation. You also have the right to review or revise any advance directives.
- Be free from neglect; exploitation; and verbal, mental, physical and sexual abuse.
- An environment that is safe, preserves dignity and contributes to a positive self-image.
- Be free from any forms of restraint or seclusion used as a means of convenience, discipline, coercion or retaliation; and to have the least restrictive method of restraint or seclusion used only when necessary to ensure patient safety.
- Access protective and advocacy services and to receive a list of such groups upon your request.
- Receive the visitors whom you designate, including but not limited to a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend. You may deny or withdraw your consent to receive any visitor at any time. To the extent this facility places limitations or restrictions on visitation; you have the right to set any preference of order or priority for your visitors to satisfy those limitations or restrictions.
- Examine and receive an explanation of the bill for services, regardless of the source of payment.

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 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 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 records 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:

Kentucky Cabinet for Health and Family Services
275 E. Main St.
Frankfort, KY 40621
502-595-4079

Kentucky Cabinet for Health Services
Office of Inspector General
Division of Licensing and Regulations
908 W. Broadway
Louisville, KY 40203
502-595-4079

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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