

YOU HAVE THE RIGHT TO:

- Receive a copy of this description of the rights afforded to you under this notice (that are similar to those described under Wisc. Admin Code HFS § 124.05, noting that SimonMed is not a Critical Access Hospital subject to the requirements thereunder).
- Receive safe, quality care through the services that the facility provides.
- Receive care and have visitation privileges without being discriminated against because of age, race, color, national origin, language, religion, culture, disability, sex, gender identity or expression, sexual orientation, or ability to pay.
- Choose who can and cannot visit you, without regard to legal relationship, race, color, national origin, religion, sex, sexual orientation, gender identity or disability. You may withdraw or deny consent for visitation at any time.
- Be informed when the facility restricts your visitation rights for your health or safety, or the health or safety of patients, employees, physicians or visitors.
- Be treated with respect and dignity and be protected from abuse, neglect, exploitation and harassment.
- Have your own physician and/or a family member, support person, or other individual be notified promptly if you are transferred to another facility.
- Know the names and roles of facility staff caring for you.
- Have a family member, support person, or other individual present with you for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated.
- Have a family member, support person, or other individual involved in treatment decisions or make health care decisions for you, to the extent permitted by law.
- Have an Advance Directive (health care directive, durable power of attorney for health care, or living will) that states your wishes and values for health care decisions when you cannot speak for yourself.
- Be informed about your health problems, treatment options, and likely or unanticipated outcomes so you can take part in developing, implementing and revising your plan of care.
- Have information about the outcome of your care, including unanticipated outcomes.
- Request, accept and/or refuse care, treatment or services as allowed by our facility's policy and the law, and be informed of the medical consequences of your refusal of care.



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

- Ask for a change of care provider or a second opinion.
- Have information provided to you in a manner that meets your needs and is tailored to your age, preferred language, and ability to understand.
- Have access to an interpreter and/or translation services to help you understand medical and financial information.
- Have your pain assessed and managed.
- Have privacy and confidentiality when you are receiving care.
- Practice and seek advice about your cultural, spiritual and ethical beliefs, as long as this does not interfere with the wellbeing of others.
- Request assistance to help you work through difficult decisions about your care.
- If necessary, any form of restraint or seclusion will be performed in accordance with safety standards required by state and federal law.
- Have a safe environment, including zero tolerance for violence, and the right to use your clothes and personal items in a reasonably protected environment.
- Take part in decisions about restricting visitors, mail or phone calls.
- Receive protective oversight while a patient in the facility, and receive a list of patient advocacy services.
- Review your medical record and receive answers to questions you may have about it. You may request amendments to your record and may obtain copies as permitted by law at a fair cost in a reasonable time frame.
- Have your records kept confidential; they will only be shared with your caregivers and those who can legally see them. You may request information on who has received your record.
- Receive a copy of and details about your bill.
- Ask about and be informed of business relationships among payors, hospitals, educational institutions, and other health care providers that may affect your care.
- Submit a concern regarding your care. The facility maintains a grievance process for the resolution of concerns, which you may submit directly to us. You should expect to receive a timely verbal or written response, as requested or otherwise required by law and policy. If you have a concern, please contact your care provider or the manager of the patient care area where you are receiving care.

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 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) 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:

Wisconsin Division of Quality Assurance
 PO Box 2969
 Madison, WI 53701
 608-266-8481

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