



Patient's Bill of Rights and Responsibilities

AS A PATIENT AT ARIZONA ADVANCED IMAGING CENTER YOU HAVE IMPORTANT RIGHTS THAT ENSURE YOU RECEIVE THE HIGHEST QUALITY OF HEALTHCARE. ALL OF YOUR RIGHTS ALSO APPLY TO ANY PERSON THAT HAS LEGAL RESPONSIBILITY TO MAKE DECISIONS REGARDING YOUR MEDICAL CARE. EVERY EMPLOYEE IS COMMITTED TO CARING FOR YOU ACCORDING TO THESE STANDARDS.

You have the responsibility to:

- Provide accurate and complete information regarding present complaints, past illnesses, hospitalizations, medication and other matters relating to your medical needs.
- Cooperate with the treatment plan recommended by your physician, including instruction by nurses and allied health personnel as they facilitate the plan of care.
- Report any unexpected changes in your condition or any difficulties or concerns you have as soon as possible.
- Understand your illness and treatment; if not, request that additional explanation be provided.
- Accept full responsibility when refusing treatment or not following the physician's instruction.
- Make any concerns, complaints, or grievances known to your care provider in order that they may be resolved in a timely manner by either the immediate healthcare provider or by facility administration.
- Show respect for other patients by following facility rules to assist in the control of noise, smoking and visitation.
- Follow facility rules and regulations affecting patient care and conduct.
- Be considerate of the property of other persons and the hospital.
- Treat your physician and hospital staff in the same courteous manner that you expect your healthcare team to treat you.
- Notify appropriate personnel if a language barrier exists or any assistive devices are required so that these services can be secured.
- Provide the facility with a copy of your advanced directives.
- Ensure that financial obligations for healthcare are fulfilled as promptly as possible.

Quality of care – you have the right to:

- Quality care by skilled doctors and staff.
 - Be treated for your problem.
 - Treatment that is as comfortable as possible.
 - Emergency procedures without unnecessary delays.
 - Help decide the details of your plan of care.
 - Ask for a second opinion, at your expense.
- ### ***Safety – you have the right to:***
- Safe care.
 - Know when something goes wrong with your care.
 - Have a family member or friend, as well as your doctor, notified promptly of your results.
 - Be free from all forms of abuse and neglect.
 - Be free from the use of restraints unless needed for safety.

Voice and choice – you have the right to:

- Get information in a manner you understand.
- Make informed decisions about your care.
- Refuse care.
- Contact a person or agency to protect your rights.
- Have a support person with you for emotional support.
- Complain without fear and have your complaints reviewed.
- You have the right to access your medical records in a reasonable time frame, to the extent permitted by law.
- You have the right to be informed of changes and receive counseling on the availability of known financial resources for health care.
- You have the right to access advocacy or protective service agencies and a right to be free from abuse.
- You and your family have the right to have your compliments, concerns, and complaints addressed.
- Sharing your concerns and complaints will not compromise your access to care, treatment, and services.
- Any employee or individual who provides care, treatment or services and who has concerns about the safety or quality of care provided in our organization may report concerns to The Joint Commission.
- Arizona Advanced imaging will take no disciplinary action or other punitive action because an employee or other individual who provides care, treatment or services reports safety or quality of care concerns to The Joint Commission.

Affordability – you have the right to:

- An Itemized bill and an explanation of that bill
- Information about resources to help pay for your healthcare
- Our rates are available to the patients upon request.

Authentic personalized relationships – you have the right to:

- Know the names and jobs of the people who care for you.
- Be treated with respect and dignity.
- Treatment without discrimination.
- Respect for your culture, values, beliefs and preferences.
- Personal privacy.

R9-10-1008. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include: a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and b.

Where patient rights are posted as required in subsection (A)(1). B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient as not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Except as allowed in R9-10-1012(B), restraint or seclusion; This document contains an unofficial version of the new rules in 9 A.A.C. 10,

Article 10, effective May 1, 2016. 13

i. Retaliation for submitting a complaint to the Department or another entity; or

j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and

3. A patient or the patient's representative:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent for treatment before treatment is initiated;

c. Except in an emergency, is 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;

d. Is informed of the following: i. The outpatient treatment center's policy on health care directives, and ii. The patient complaint process;

e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and

f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

i. Medical record, or

ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;

3. To receive privacy in treatment and care for personal needs;

4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;

6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;

7. To participate or refuse to participate in research or experimental treatment; and

8. To receive assistance from a family member, the patient's representative, or other This document contains an unofficial version of the new rules in 9 A.A.C. 10, Article 10, effective May 1, 2016. 14 individual in understanding, protecting, or exercising the patient's rights.

If you have concerns regarding safety and quality of care, please speak to your nurse or physician or ask for a patient feedback form. You may also ask to speak to the department manager or designee. Should you find that any concern or complaint goes unresolved you may contact the Arizona Advanced Imaging Quality Manager and/or the State Department of Health Services with your complaint and/or a grievance. You will be provided with the steps of the investigation, results and date of completion. Department of Public Health and Human Services | Quality Assurance Division

BUREAU CHIEF 150 N 18TH AVE, SUITE 450 PHOENIX, AZ 85007-3242 P: 602-364-3030

SIGNATURE : _____ DATE: _____