

## PATIENT RIGHTS & RESPONSIBILITIES

### During a visit to SCNM Medical Center, patients have the rights:

- To be treated with dignity, respect, and consideration.
- To not be discriminated against based on the basis of race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis or source of payment.
- To receive treatment that supports and respect the patient's individuality, choices, strengths, and abilities.
- To receive privacy in treatment and care for personal needs.
- To review, upon written request, their own medical records within a reasonable time frame.
- To receive a referral to another healthcare institution if the outpatient treatment center is not authorized or unable to provide physical health services or behavioral health services for the patient.
- To participate or the patient's representative participate in the decisions and development of, or decisions concerning, treatment.
- To participate or refuse to participate in research or experimental treatment.
- To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- To be informed how to report comments, complaints and grievances about a visit and to get resolution to them. Comments or complaints may be directed to the staff most directly involved in the situation and/or to the center's manager or Director of Clinical operations.
- To not be subjected to:
  - Abuse, Neglect, or Exploitation;
  - Coercion or Manipulation;
  - Sexual abuse or Sexual assault;
  - Restraint or seclusion, if not necessary to prevent imminent harm to self or others;
  - Retaliation for submitting a complaint to the department or another entity; or
  - Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student.
- To either consent to or refuse treatment, except in an emergency. and to refuse or withdraw consent for treatment before treatment is initiated.
- To be informed of alternatives, except in an emergency, to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure.

- To be informed on health care directors.
- To consent to photographs before the patient is photographed, except that a patient may be photographed when admitted for identification and administrative purposes.
- To provide written consent to the release of information in the patient's medical record or financial records, except as otherwise permitted by law, as outlined in the Notice of Privacy Practices.

### During a visit to SCNM Medical Center, patients also have the following responsibilities:

- To provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications and any other health matters.
- To report unexpected changes in their condition to the responsible practitioner.
- To report whether they clearly comprehend a contemplated course of action and what is expected of them.
- To follow the treatment plan recommended by the practitioner primarily responsible for their care and inform their physician if there are obstacles that would preclude the execution of the treatment plan.
- To ensure that the financial obligations relating to their health care are fulfilled as promptly as possible.
- To provide the necessary information and documentation requested by the registration representatives, including name changes, address, phone number, and insurance information.
- To be considerate of the rights of other patients, control noise and the number of visitors, including, but not limited to, cell phone usage in the exam room and office.
- To notify registration staff if treatment is for a work related injury.

### If you have questions or concerns, you may also call Arizona Department of Health Services at 602-364-3030.

I have fully read and understand my rights and responsibilities:

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent, Guardian, Responsible Party if under 18)

Date: \_\_\_\_\_