



Patient Bill of Rights

This Facility adopts and affirms as policy the following rights of patient/clients who receive services from our facility. The facility will provide the patient or the patient's representative verbal and written notice of such rights prior to the procedure in accordance with 42 C.F.R. § 416.50, and these patient rights will be posted within the facility in the facility's waiting room(s).

This policy affords you, the patient/client, the right to:

- Treatment without discrimination as to age, race, color, religion, sex, national origin, political belief, sexual orientation, marital status, gender, disability or diagnosis. It is our intention to treat each patient as a unique individual respecting their choices, strengths, and abilities.
- Considerate and respectful care including consideration of psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
- A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.
- Participate in the development, implementation and revision of his/her care plan.
- Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
- Expect to be cared for in a safe setting regarding: patient environmental safety, chemical safety, infection control, security and freedom from abuse or harassment.
- Receive care, free of restraints unless medically reasonable issues have been assessed and pose a greater health risk without restraints.
- Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person in your behalf. The surgery center may use translation services. A patient may access and copy information in the medical record at any time during or after the course of treatment. If patient is incompetent, the record will be made available to his/her guardian.
- Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for emergency situations. This information shall include as a minimum an explanation of the specific procedure or treatment itself, its value and significant risks, and an explanation of other appropriate treatment methods, if any.
- To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising your rights.
- To refuse treatment or withdraw or give conditional consent for treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The facility will make every effort to inform the patient of alternative facilities for treatment if we are unable to provide the necessary treatment.
- Refuse to participate in research. Human experimentation affecting care or treatment shall be performed only with your informed consent.

- Receive, upon request, the names of physicians directly participating in your care and of all personnel participating in your care.
- Know the facility's rules and regulations that apply to your conduct as a patient.
- Upon request, the facility will assist you in formulating advance directives and appointing a surrogate to make health care decisions on your behalf, to the extent permitted by law.
- Access to health care at this facility will not be conditioned upon the existence of an advance directive.
- Privacy in treatment and care for personal needs to the extent consistent with adequate medical care. Case discussions, consultation, examination and treatment are confidential and should be conducted discreetly.
- Privacy and confidentiality of all medical and financial records pertaining to your treatment, except as otherwise provided by law or third party payment contract. Patient to be informed of cost of services prior to obtaining services or prior to a change in rates, changes or services.
- To review, upon written request, your own medical record.
- Upon your request, examine and receive a detailed explanation of your bill including an itemized bill for services received, regardless of sources of payment. Notice of third party coverage including Medicare and Arizona Health Care Cost Containment Systems coverage.
- Any unanswered concerns on the part of patients or family relative to ethical issues can, with sufficient notice, be referred to our Administrator for advice.
- Complaint or criticisms will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints.

If you would like to register a complaint:

Contact the Nurse Administrator:

**5430 Distinction Way, Prescott, Az. 86301
(928)-445-3704**

- If you are still not satisfied with the administrator's response, please contact:

Arizona Department of Health Services

450 North 18th Avenue Suite# 450

Phoenix, Arizona 85007

Tele.# (602)364-3030

May file complaints online anonymously at Azdhs.gov

Or You may file with:

Centers for Medicare & Medicaid Services Website:

<https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>