

## **PATIENTS RIGHTS AND RESPONSIBILITIES**

This information is to inform the patient or the patient's representative, or surrogate of the patient's rights and the Center must protect and promote the exercise of these rights by following the patient's rights that are listed in this document. At admission Patient or the patient's representative receives a written copy of the patient rights. The rights will be posted in a conspicuously on the premises.

The Center observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, gender, sexual orientation, origin, religion, culture, physical or mental being, disability, economic status, marital status, diagnosis, personal values or belief systems. Patient has the right to be treated with respect, consideration and dignity.

The patient has the right to exercise his or her rights without subject to discrimination or reprisal: to voice grievance regarding treatment or care that is, or fails to be, furnished; to be fully informed about a treatment or procedure and the expected outcome before it is performed; and to the confidentiality of personal medical information.

### **THE PATIENT HAS THE RIGHT TO:**

The patient has the right to personal privacy for treatment and care for personal needs and to receive care in a safe setting and to be not subjected to abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault, seclusion, restraint, 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 all personal and private property by the Centers staff.

- Except in an emergency, Patient either consents to or refuses treatment; May refuse or withdraw consent to treatment before treatment is initiated. Be informed of their right to change their provider if other qualified providers are available and they may change providers before treatment is initiated
- Except in an emergency, is informed of alternatives to a proposed controlled substance medication or surgical procedure and the associated possible complications of the proposed controlled substance medication or surgical procedure.
- To be provided information or patient representative concerning the Center's Health care Directives.
- Patient Complaint Process: If you have a problem or complaint, you may talk with your Physician, or an administrative representative. File a grievance and voice your concern about the care they received to the Department of Health Services or any other entity, without any retaliation
- Consent to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted for identification purposes
- To release or review patients, own medical record or financial records requires a written request
- In addition, all disclosures and records will be treated confidentially, and except when required by law, patients are given the opportunity to approve or refuse their release.
- Be provided with information concerning services available at the facility; provisions for after-hours care and emergency care; fee for services; payment policies.
- Expect full recognition of individuality, including personal privacy in treatment and care
- Expect the facility to comply with the Federal Civil Rights laws that assure it will provide interpretation for individuals who are not proficient in English.
- Receive a referral to another health care institution if this pain management clinic is unable to provide health services for the patient.
- To participate, or have the patient's representative participate, in the development of or decisions concerning treatment.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- To be notified in the event of a breach of their individual Protected Health Information.
- To refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuses treatment or not follow instructions of the physician or facility.
- To participate or refuse in research or experimentation treatment
- To be informed of credentials of health care professionals if requested
- To be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the transfer.
- To have an initial and regular reassessment of pain.
- Receive treatment that supports and respects the patient's individuality, choices, strengths and abilities. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

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### **THE PATIENT IS RESPONSIBLE FOR:**

- Providing complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any drug allergies or sensitivities.
- **ADVANCED DIRECTIVES:** Inform his or her provider about any living will, medical power of attorney or other directive that could affect his/her care.
- If you have a DNR (do not resuscitate) please notify office and bring to your appointment.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his /her provider.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be respectful of all the health care providers and staff, as well as other patients
- Be informed of credentials of health care professionals if requested
- Be considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.
- Payment to facility for copies of the medical records the patient may request.
- Follow the treatment plan prescribed by his /her provider.

The information for Medicare beneficiaries, or their representative or surrogates, that the phone number below for Medicare Beneficiaries is to inform the patient of the role of the Medicare Beneficiary Ombudsman is to ensure that the Medicare Beneficiaries receive the information and help they need to understand their Medicare options and to apply their Medicare rights and protections.

If a complaint is not resolved to your satisfaction, you have the right to contact:

Dr Kalmat 623-321-5079

AZ Dept of Health Services  
150 N 18<sup>th</sup> Ave #450  
Phoenix, Az 85007  
602-364-3030  
<https://www.azdhs.gov/>

Center for Medicare and Medicaid Services  
[www.cms.gov](http://www.cms.gov)  
1-800-MEDICARE