



PATIENT BILL of RIGHTS and RESPONSIBILITIES

The Arizona Priority Care is committed to delivering quality medical care to you, our patient, and to offering you the highest level of customer service possible. The following “Statement of Patient’s Rights” applies to all patients. In the event that you are unable to exercise these rights on your own behalf, then these rights are applicable to your designated/legal representative. It is our goal to demonstrate our commitment to providing you with medical care that is of extraordinary value by ensuring the medical care we provide is of the highest quality and delivered with exceptional customer service and aligned with our mission and philosophy, applicable law and regulation.

STATEMENT of PATIENT’S RIGHTS

You have the right to receive individualized, considerate and respectful care in a safe setting. Care is delivered in a manner and setting intended to preserve your personal dignity. Care is provided without discrimination as to your race, color, religion, gender, age, sexual orientation, familial status, national origin, genetic information, physical or mental disability, veteran status or how your bill is paid.

You have the right to effective communication, based on your individual needs. Special services will be given to address your needs, as appropriate. They can relate to your age, understanding, language, vision, speech or hearing.

You have the right to be involved in decisions about your care.

- Before and during treatment, whenever medically possible and at discharge.
- To receive information about your diagnosis and help make the plan for your care.
- To be involved in resolving dilemmas about your care.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences of your refusal, including end of life treatment.

You have the right to agree to your care. Before agreeing to your care, you will understand:

- Why the treatment is suggested.
- What its possible benefits, risks and side effects are, including what could happen if refused.
- What other treatments could be used.
- What the outcomes are, including those that are unexpected.
- What limitations on protecting your confidential information are, if any.



If you do not agree to the recommended treatment, the Arizona Priority Care may do one of these things:

- Suggest other ways of treating you and continue to see you.
- Refer you to another place to get care if possible.
- In special emergency cases, seek a court order to allow the treatment.

You have the right to have your pain treated effectively and to be given information about pain and pain relief measures.

You have the right to know about the staff that treats you.

- All AZPC Care Center staff wears name badges to identify themselves.
- All staff providing your care will introduce themselves to you and describe their roles.

You have the right to privacy, confidentiality and security.

- Your personal information is treated in a confidential manner and in accordance with applicable law. You may refuse to allow observation by anyone not directly involved in your care.
- Your personal privacy will be respected to the extent possible in a healthcare setting.
- We will make sure that you and your property are safe and secure.

You have the right to review or obtain a copy of your medical record.

- Your physician may review it with you.
- If you do not agree with something in your record, you may ask for the record to be changed in the way allowed by law.
- You have the right to access, to request amendment and to receive an accounting of disclosures of your health information as permitted by law.

You have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation. Any allegations are promptly investigated and appropriate action is taken.

You have the right to access protective services. You may ask the social worker or case manager for information about state protection and advocacy agencies for children and adults or resources pertaining to domestic violence.

You have the right to choose or refuse to take part in research. Before agreeing to take part, you will understand the research procedures, expected benefits, possible discomforts and risks, the extent to which your private information will be kept confidential and any other relevant information. You can withdraw from the study at any time. If you refuse to take part in or withdraw from the study, the care you receive will not be affected.

You have the right to make health care decisions in advance or to appoint a healthcare agent through an advance directive. When necessary to give informed consent, a surrogate may be appointed on your behalf if you are unable to do so. Contact the social worker or ask any AZPC employee for more information.

You have the right to be free from restraint, except when it is temporarily necessary to prevent injury to yourself or others. Such emergency restraint is used in a safe manner and with care and respect.



You have the right to receive an explanation of the charges for which you are responsible.

You have the right to speak with someone about your concerns if you are not satisfied with any aspect of your care and are unable to resolve the situation.

- You may discuss it with the staff involved, their supervisor or your physician or social worker. If you are still concerned, you may also speak with the Practice Administrator at (520)374-2090, the Medical Director at (480)499-8790 or fill out a Patient Complaint Form. These forms are available from the Reception Desk or your social worker.
- If your concern is not resolved to your satisfaction, you have the right to request a review by:

Division of Acute and Ambulatory Care
AZ Department of Health
150 North 18th Avenue
Phoenix, AZ 85007
Phone: 602-542-1025
Fax: 602-542-0883

Or the Department of Health Services Center for Medicare and Medicaid Services (CMS) call 1-800-MEDICARE

YOUR RESPONSIBILITIES

Arizona Priority Care expects patients and families to act in a reasonable and responsible way at all times.

You have the responsibility to:

- Provide complete and accurate information about your health and any other requested information.
- Ask questions when you do not understand what your doctor or other caregivers tell you about your medications and treatment. Express your concerns if you anticipate problems in following prescribed treatment and if you are considering alternative therapies.
- Follow the instructions related to your care plan and be responsible for the outcomes if you do not follow your care plan.
- Follow the AZPC Care Center's rules and regulations, including visitor and smoke-free guidelines.
- Show respect and consideration for the AZPC Care Center staff, other patients and their families and their property.
- Meet any obligations for payment.
- Provide your doctor or the AZPC Care Center with a copy of your **"ADVANCE DIRECTIVE"** if you have one and want it to apply during your visit.
- Keep appointments, be on time for your appointments and call as soon as possible if you cannot keep your appointments.
- Keep confidential any information regarding another patient that you may hear or see.
- Leave valuables at home and bring only those items necessary during your AZPC Care Center visit.