

PATIENT RIGHTS AND RESPONSIBILITIES (AZ)

OnSite Care is committed to providing quality health care. It is our pledge to provide this care with respect and dignity. In keeping with this pledge and commitment, we present the following Patient Rights and Responsibilities:

Our patients have the right to:

- Competent, considerate, and respectful health care, regardless of race, national origin, religion, age, gender, sexual orientation, language, disability, marital status, or diagnosis.
- A complete, easily understandable explanation of their condition, treatment, and chances for recovery.
- Receive evidence-based treatment that supports and respects their individuality, choices, strengths, and abilities.
- A second medical opinion from the clinician of their choice, at their expense.
- Receive a referral to another health care provider if the clinic is not authorized or not able to provide the physical or behavioral health services needed by the patient.
- Not be subjected to abuse, neglect, exploitation, coercion, manipulation, sexual abuse or assault, restraint or seclusion (except as allowed in R9-10-1012(B)).
- Not be subjected to misappropriation of personal and private property by any clinic personnel, employee, volunteer, or student.
- Receive assistance from a family member, patient representative, or other individual in understanding, protecting, or exercising their rights.

Our patients or their representatives have the right to:

- Participate in the development of or decisions concerning treatment, consent to or refuse treatment, withdraw consent for treatment, be informed of alternatives to and risks of a proposed psychotropic medication or surgical procedure, except in an emergency.
- Review the patient's medical records upon written request and by appointment, in accordance with applicable State and Federal guidelines (Including A.R.S. §§ 12-2293, 12-2294, 12-2294.01).
- Choose or refuse patient participation as a subject in research or experimental treatment.
- An explanation of the patient's medical bill regardless of insurance and the opportunity to personally examine the patient's bill.
- Not be subjected to retaliation for submitting a complaint to the Arizona Department of Health Services, or other entity.
- Be informed of the clinic's policy on health care directives.
- Consent to photographs before a patient is photographed (except for identification and administrative purposes).

- Provide written consent to the release of the patient’s medical or financial information (except as otherwise permitted by law).
- The opportunity to **file a complaint** should a dispute arise regarding care, treatment or service. If patient concerns cannot be addressed with the clinic provider, the clinic’s Practice Manager is available to discuss the concern and may be reached through the clinic or by calling OnSite Care at 801-441-1002. Written correspondence will be forwarded to the Practice Manager.

Our patients are responsible for:

- Being honest about matters that relate to their care.
- Knowing their health care clinician’s name and title.
- Providing and updating staff with correct and complete name, address, telephone, email, and emergency contact information so we can reach you in the event of a schedule change or to give medical instructions.
- Providing and updating staff with current and complete insurance information, including any secondary insurance, each time you see your clinician.
- Providing clinic staff with correct and complete health history information.
- Telling the clinic staff about all prescription medication(s), alternative or homeopathic therapies, or over-the-counter medications you take. If possible, bring the bottles to your appointment.
- Telling the clinician about any changes in condition or reactions to medications or treatment.
- Asking your clinician questions when they do not understand their illness, treatment plan, or medication instructions.
- Following the clinician’s advice and notifying them when they choose not to. The patient is responsible for any medical consequences resulting from refusing treatment or refusing to follow instructions given by the clinician.
- Signing a “Release of Information” form when asked so the clinician can get medical records from other clinicians involved in your care (when necessary).
- Keeping their appointments. If a patient must cancel their appointment, please contact the clinic at least 24 hours in advance.
- Paying copayments at the time of the visit or other bills upon receipt.
- Following the office’s rules about patient conduct.
- Being considerate and respectful of the rights of other clinic patients and staff.
- Honoring the confidentiality and privacy of other patients.
- Respecting the rights and property of our clinic, staff, and other persons in the office.



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Patient Acknowledgement

The Arizona Department of Health Services (ADHS) licenses this office.

As required by ADHS rules and other statutes, rules, and requirements, this office has made a copy of your Patient Rights & Responsibilities available to you.

By your signature below, you acknowledge receipt of your patient rights.

Per my request, I read the laminated copy of the Patient Rights & Responsibilities in the office and do not want to take a copy home with me. _____ (initial)

Per my request, I was given a paper copy of the Patient Rights and Responsibilities to take home with me.
_____ (initial)

Printed Name: _____

Relationship to Patient: _____

Signature: _____ Date/Time: _____