



CLIENT RIGHTS & RESPONSIBILITIES

Clients 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.

Clients 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 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:

—

SOUTHWEST COLLEGE OF NATUROPATHIC MEDICINE & HEALTH SCIENCES

2164 East Broadway Road, Tempe, AZ 85282 :: 480-970-0000 :: Fax 480-970-0003 :: medcenter.scnm.edu