Rights of the Patient: *Effective 5.1.2016 / Reviewed 1.2026*

You have the right to be treated with dignity, respect and consideration and you will not be subjected to:

* ABUSE * NEGLECT * EXPLOITATION * COERCION * MANIPULATION * SEXUAL Abuse or Assault
* RESTRAINT OR SECLUTION (except as allowed in R9-10-1012(B).
* RETAILIATION for submitting a complaint to our office, The AZDHS or any other entity.
* Misappropriation of personal or private property by a staff member, volunteer or student

You or your representative:

- Except in an emergency, either consents to or refuses treatment
- May refuse or withdraw consent for treatment before treatment is initiated
- Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of proposed psychotropic medication or surgical procedure
- Is informed of our policy on Healthcare directives
- Is informed on the patient complaint process. (See “License Posting Notice”)
- To consent to a photograph before being photographed.
- Except as otherwise permitted by law, provides written consent to the release of information in the patient’s medical record or financial records.

You have the right:

- Not to be discriminated against based on Race, National origin, Religion, Gender, Sexual orientation, Age, Disability, Marital Status or Diagnosis
- To receive treatment that supports & respects your individuality, choices, strengths and abilities
- To receive privacy in treatment and care for personal needs
- To review upon written request, your own medical record according to A.R.S 12-2293, 12-2294 & 12-2294.01
- To receive a referral to another healthcare institution if our office is not authorized or not able to provide care needed by you the patient.
- To participate or have your representative participate in the development of or decisions concerning treatment
- To participate or refuse to participate in research or experimental treatment
- To receive assistance from a family member, your representative or other individual in understanding, protecting or exercising your rights.

Responsibilities of the Patient:

- To provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- To report perceived risks in your care and unexpected changes in you condition to your provider
- To ask questions if you do not understand what you have been told about your care or what you are expected to do
- To follow the treatment plan established by your provider, including the instructions of support staff as they carry out the providers orders
- To keep appointments and for notifying the office when you are unable to do so.
- For your actions should you refuse treatment or not follow your providers orders.
- To assure that the financial obligations of your medical care are fulfilled as promptly as possible.
- For being considerate of the rights of other patients and office staff & respectful of your personal property and that of other persons in the office.
- To have a surrogate decision maker identified if you are unable to make decisions about care, treatment or services.
- To involve the family in care, treatment and services with permission from you or your surrogate decision maker.

Patient/Guardian’s Signature: _____ Date: _____

Printed Name of Patient or Patient’s Representatives: _____

Relationship to patient: _____