

During your visit with Abrazo Medical Group, you also have certain RESPONSIBILITIES. We ask that you:

- Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and any other health matters.
- Report unexpected changes in your condition to the responsible practitioner.
- Report whether you clearly comprehend a contemplated course of action and what is expected of you.
- Follow the treatment plan recommended by the practitioner primarily responsible for your care and inform your physician whether there are obstacles that would preclude the execution of the treatment plan.
- Assure that the financial obligations of the health care are fulfilled as promptly as possible.
- Also provide the necessary information and documentation requested by the Registration Representatives, including name changes, address, phone number, insurance information.
- 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.
- Notify registration staff if treatment is related to work injury

Signature

Date

Patient Rights and Responsibilities

During your visit with Abrazo Medical Group you have the RIGHT to:

- A patient is treated with dignity, respect, and consideration.
- Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status or source of payment
- To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities
- To receive privacy in treatment and care of personal needs
- To review, upon written request, the patient's own medical record within a reasonable time frame
- To receive a referral to another health care institution if the outpatient treatment center is unable to provide physical health services or behavioral health services for the patient
- To participate or have the patient's 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, representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Be informed how to report comments, complaints and grievances about your 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 Department Director.
- A patient as not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint, if not necessary to prevent imminent harm to self or others;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student
- If you have questions or concerns you may also call Arizona Department of Health Services at 602-364-3030.