



Patient Rights and Responsibilities Patient Handout

Your Rights:

- The right to considerate and respectful care, regardless of race, color, religion, sex, age, physical or mental handicap, or national origin.
- The right to communicate with family members and / or significant others.
- The right to a quiet, restful and healing environment.
- The right to agree to treatment before your physician begins any procedure or test.
- The right to know about any specific procedure or treatment, including possible risks.
- The right to complete, up-to-date information about any specific procedure or treatment, including possible risks.
- The right to make decisions with your physician about your health care.
- The right to accept or refuse care as permitted by law.
- The right to prepare a Living Will and / or appoint a person to make healthcare decisions for you as permitted by law.
- The right to have your legally authorized representative make healthcare decisions for you if you become incompetent according to law, or if your physician decides that you can not understand any proposed treatment(s) or procedure(s), or if you can not communicate your wishes regarding your treatment(s).
- The right to know that you will not be discriminated against or your treatment limited based upon whether or not you decide to prepare a living will or durable power of attorney.
- The right to participate in discussions about any ethical issues affecting your care.
- We will discuss your case or exam only with healthcare providers caring for you.
- The right to the privacy of your medical records. Without your consent, we will not release your medical record unless authorized by law or to those responsible for paying your bill.
- The right to restrict the release of your medical information.
- The right to receive an explanation of your bill, regardless of the source of payment.
- The right to express concerns about any aspect of your care without fear of retaliation.
- The right to receive your medical records via your indicated referral contact (physician or self) within 30 days (upon request).
- The right to receive a result letter directly within 30 days

Your Responsibilities:

- Provide your physician and the staff complete and accurate information about your condition and care.
- Follow your physician and staff's orders, instructions regarding your care.
- Accept responsibility for refusing treatment or not following your physician's orders.
- Be considerate of other patients.
- Supply insurance information and pay your bill promptly so we can continue to serve you and the community effectively.

We care about our patients:

Assured Imaging is committed to providing excellent healthcare. We would like to encourage you to return for your follow up visits. If your health was compromised in any way or if there are any unresolved issues regarding Assured Imaging, please contact the accrediting bodies of mammography by writing or calling the following facilities:

**Assured Imaging
Attn: Erin Edwards
7717 N. Hartman Lane
Tucson, AZ 85743
(888) 233-6121**

**Assistant Director, Breast Imaging
Accreditation Programs
American College of Radiology
1891 Preston White Drive
Reston, VA 20191-4397
Fax: (703) 648-9176
mamm-accred@acr.org**