

Patient Bill of Rights and Responsibilities

Except where medically contraindicated, these rights apply to all adults, neonates, children, and adolescents treated at HonorHealth and their parents and/or guardians.

You Have the Right...

1. To be treated fairly and equally without bias or prejudice, regardless of race, color, sex, gender identity or expression, sexual orientation, national origin, disability, diagnosis, religion, age, marital status, socio-economic status, or use of illegal drugs
2. To designate a surrogate decision maker, family member, representative or other individual in understanding, protecting and to exercise the rights you have given them to act on your behalf in accordance with state and federal laws.
3. To considerate and respectful care and to expect a reasonable response to your requests.
4. To reasonably expect complete and current information concerning your condition from staff members responsible for your care and welfare.
5. To know by name and medical specialty, if any, the staff members responsible for your care.
6. To know the relationship(s) of the care site to other persons or organizations participating in the provision of your care.
7. To reasonable consideration of your privacy and to be treated with respect and full recognition of your dignity, individuality, reasonable cultural, religious needs, choices, strengths, and obstacles.
8. To expect reasonable safety insofar as the care site's practices and environment are concerned.
9. To be free from all forms of abuse, assault, harassment, manipulation, coercion, neglect, or exploitation of a sexual nature or otherwise.
10. To be free from retaliation for submitting a complaint to Arizona Department of Health Services (the Department) or another entity.
11. To be free from misappropriation of personal and private property by a personnel member, employee, volunteer or student
12. To be free from restraint and seclusion of any form that is not medically necessary or is used as a means of coercion, discipline, convenience, or retaliation by staff.
13. To expect reasonable continuity of care and to know in advance the time and location of appointments and fee schedule as well as the identity of the person(s) providing the care.
14. To be reasonably informed, prior to or at the time of admission and during your stay, of medical and/or ancillary services available at HonorHealth and /or related charges.
15. To examine and receive an explanation of the bill, regardless of the source of payment.
16. To be informed of the source of the care site's reimbursement for your services, and of any limitations which may be placed upon your care.
17. To be afforded the opportunity to participate or have your representative participate in the development of or decision concerning treatment and discharge planning, to refuse care, treatment or services to the extent permitted by law and regulation, including but not limited to experimental research or education.
18. To consent to photographs and digital monitoring, as appropriate to document specific care or to assist in my care (example, but not limited to: an open wound, or monitoring of a waiting room). I understand that photos will be stored in a confidential and secured manner and that I may view and/or obtain copies. I understand that I, or my designated other, will be informed if photos are indicated and that I may refuse to have photos taken. I understand that photos will not be released without my written authorization.
19. For HonorHealth to maintain the confidentiality of your clinical record
20. To access information contained within your medical record, in accordance with care site's policy.
21. To have a family member or representative, and your own physician(s), notified promptly upon your admission to the care site.
22. To receive information about a transfer to another doctor, unit or facility before it happens.
23. To appropriate assessment, prevention, and management of your pain and to receive information about pain and pain relief measures.
24. To be informed, when appropriate, about the outcomes of care, including unanticipated outcomes.
25. To receive calls and visitors including spouse, domestic partner, family members and friends. You may withdraw or deny consent to calls and visitors at any time.
26. To receive a full explanation if any restrictions are placed on your visitors, mail or telephone conversations. Visitors are not restricted, limited or otherwise denied visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
27. To request consultation at your expense or to request an in-house review of your treatment plan.
28. To receive a referral to another health care institution if the care site is not authorized or not able to provide physical health services or behavioral health services needed by you.
29. To have your rights explained to you in a language you understand.
30. To reasonable resources to facilitate communications.
31. To have an advance directive (Living Will, Healthcare Proxy, Durable Power of Attorney for Healthcare, or DNR order/identification) and for facility staff and practitioners to be aware of those directives.
32. (Except in emergency) To be informed of alternatives to proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medical or surgical procedure.



You Have the Responsibility...

- To be honest about matters that relate to you as a patient.
- To make an effort to understand your healthcare needs and ask your physician or other member of the health-care team for information relating to your treatment.
- To provide staff with accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertaining to your health.
- To report any unexpected changes in your condition or symptoms, including pain.
- To provide HonorHealth with a copy of your Advanced Directive, if you have one.
- To arrive on-time to any appointments or notify us as soon as possible if you are unable to keep an appointment.
- To follow the care, service or treatment plan developed and report any perceived risks in your care.
- To understand the consequences of the treatment alternatives and not following your plan of care.
- To inform staff of your pain management needs.
- To be considerate and respectful of the rights of both fellow patients and staff.
- To honor the confidentiality and privacy of other patients.
- To follow the care site's rules and regulations concerning patient care and conduct.
- To comply with our tobacco/smoke-free environment policy.
- To be considerate of the care site's property.
- To assure that the financial obligations of your healthcare are fulfilled as promptly as possible.

Potential Conflict of Rights

Where any person raises a concern that remains unresolved regarding a divergence of opinion regarding the rights or treatment of a neonate, child, or adolescent patient and the rights of their parents and/or guardians, the care site shall consult with the Arizona Department of Child Safety to ensure that the minor's rights are protected.

Ethics

Any patient or family member who has a concern of an ethical nature, is encouraged to speak with the physician first. The patient's nurse can also respond to concerns and/or request an Ethics Committee consult.

Complaints

You have the right to file a complaint or grievance regarding your care or treatment. Upon receiving your complaint, we will acknowledge its receipt and provide you with an estimated date for a final response.

These are the ways you can reach us:

- Speak with a member of your care team in the moment of your concerns. If they are not able to help, ask to speak with a charge nurse or manager.
- If billing related call HonorHealth Patient Financial Services at 480-882-5207
- Contact us at 623-580-5800.
- Website: www.honorhealth.com/contact-us
- Submit your complaint through MyChart.
- Email: patientrelations@honorhealth.com
- Write to HonorHealth Patient Financial Services, 2500 W. Utopia Rd. Suite 100, Phoenix, AZ 85027
- TTY/TDD Hotline 711
- Arizona Relay Services TTY 1-800-367-8939

You have the right to file a complaint outside of HonorHealth:

- You may file a complaint with Arizona Department of Health Services, Medical Facilities Licensing, 150 N. 18th Avenue, 4th Floor, Suite 450, Phoenix, AZ 85007, phone 602-364-3030, submit online: <https://azdhs.gov>
- You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

I have received a copy and understand the HonorHealth Bill of Rights and Responsibilities including the visitation rights.

Patient/Designee Signature

Date