# PATIENT RIGHTS & RESPONSIBILITIES

**As a patient of the Payson Christian Clinic, you are to be treated respectfully, with consideration and dignity.**

**You shall NOT be:**

- Treated with abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault.
- Subject to restraint or seclusion (except… see section R9-10-1012(B).
- Subject to retaliation for submitting a complaint to the DHS or another entity.
- Subject to misappropriation of personal and private property by any member of our staff.
- Discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status or diagnosis.
- You may provide written consent to the release of information for your medical or financial records to another individual.

**You have the right to:**

- Consent or refuse treatment (except in an emergency);
- Refuse or withdraw consent for treatment before the treatment is initiated;
- Review PCC's policy on health care directives;
- Review PCC's policy on the patient complaint process (see Grievances);
- Consent or refuse being photographed;
- Receive treatment that supports and respects your individuality, choices, strengths, and abilities;
- Receive privacy in treatment and care for personal needs;
- Review, upon written request, the patient's own medical record according to DHS requirements;
- Receive a referral to another health care institution if PCC is not able to provide or treat you;
- Participate in the development of, or decisions concerning your treatment; and
- Receive assistance from a family member, patient representative or other individual in understanding, protecting or exercising your patient rights.

**As a patient of the Payson Christian Clinic, you have the following responsibilities:**

- The patient shall provide PCC with accurate and complete information about present complaints, past illness, hospitalizations, medications and other matters relating to your health.
- The patient is responsible for following the treatment plan recommended by the practitioner responsible for your care.
- The patient is responsible for their own actions and if they refuse treatment or do not follow the practitioner instructions.
- The patient is responsible for arriving within 15 minutes of their scheduled appointment, or giving the Clinic 24 hours notice of reschedule or cancellation. Patients who miss three (3) appointments without prior notice may not be eligible for future scheduling.

If you have a comment or complaint, please contact the **Clinic Director, Kashmere Fitch at 928-468-2209**.

If you are still dissatisfied, you may contact the Arizona Department of Health at: 602-364-3030, 150 N. 18th Ave., Suite 450, Phoenix, AZ 85007-3242.