

PATIENT RIGHTS & RESPONSIBILITIES

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

- 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 keeping their appointment or cancelling well in advance.

If you have a comment or complaint, please contact the **Administrator, Marion Cobo at 928-468-2209.**

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