



Notice of Patient Rights

MomDoc's Administrator shall ensure that at the time of admission (New patient visit) a patient or the patient's representative is given a written copy of the patient rights. The administrator will also ensure that a copy of MomDoc's patient rights are posted in a conspicuous spot at each MomDoc location along with our current license from the Arizona Department of Health Services. MomDoc's Administrator will ensure that each patient is treated with respect, consideration and dignity and will ensure that patients are not subjected to abuse, neglect, exploitation, coercion, manipulation, sexual abuse or sexual assault, restraint or seclusion unless allowed in Arizona Health Statute R9-10-1012(B). The Administrator will ensure that retaliation for submitting a complaint to the Department or another entity, or misappropriation of personal and private property by an outpatient treatment center's personnel members will not be tolerated.

MomDoc's Administrator will ensure the following happens as appropriate (unless in an emergency):

- Patient or the patient's representative may consent to or refuse treatment.
- Patient or the patient's representative may refuse or withdraw consent for treatment before treatment is initiated.
- Patient will be informed of alternatives to proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure.
- Patient will be informed of MomDoc's policy on health care directives or complaint process.
- Patient's consent to photographs of the patient before patient is photographed will be obtained.
- Written consent to release medical or financial records will be obtained unless permitted by law.

MomDoc's patient rights will include the following:

- To not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis.
- To receive treatment that supports and respects the patient's individuality, choices, strengths and abilities.
- To receive privacy in treatment and care for personal needs.
- To review, upon written request, the patient's own medical records according to A. R.S. 12-2293, 12-2294 and 12-2294.01.
- To receive a referral to another health care institute if MomDoc is not authorized or not able to provide physical health services need by 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, the patient's representative or other individual in understanding, protecting or exercising the patients' rights.
- To be given follow up instructions orally or in written form before patient leaves the facility. (Unless patient leaves against a personnel member's advice.)



The following list of patient rights and responsibilities does not presume to be all-inclusive, but is intended to show our concern and to emphasize the need for observance of these rights and responsibilities:

- Receive considerate and respectful care and ensure that care is provided in a safe environment, free from all forms of abuse, harassment or discrimination, neglect, exploitation, coercion and manipulation. MomDoc's personnel members and providers will not misuse your personal and private property.
- Know the name of the provider who is providing your care and the names and professional relationships of other providers who will be involved in your care.
- Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery, and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution. In an emergency, when you lack decision-making capacity and the need for treatment is urgent, the information is made available to another person that you designate on your behalf.
- Receive treatment that supports and respects your individuality, choices, strengths and abilities.
- Not undergo any procedure unless you or your legally authorized representative gives voluntary, competent and understanding consent.
- Expect that those providing care will protect your privacy and support your personal dignity.
- Have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- Expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When MomDoc releases your records to others, such as insurers, it emphasizes that the records are confidential.
- Review your own medical record upon written request and to have the information explained within a reasonable amount of time, except when restricted by law.
- Receive a referral to another health care institution if MomDoc is not authorized or not able to provide physical health services needed.
- Leave the office even against the advice of your provider.
- Be told of alternatives when hospital care is no longer appropriate.
- An itemized and detailed explanation of your complete medical bill.
- Communicate concerns/grievances regarding your care to a patient representative without fear of retaliation from the Department or any other entity.
- Receive answers to ethical questions that may arise in the course of your care.
- Access to an interpreter or translator if necessary.
- Expect that medical information disclosed about you and your rights and our obligations regarding the use and disclosure of your medical information is done in accordance with our Notice of Privacy Practices.
- Access, request amendment to and receive an accounting of disclosures regarding his/her own health information as permitted under applicable law.
- Receive follow up instructions that are given orally or in written form before you leave the outpatient center unless you leave against medical advice.



- Submit a complaint by reaching out to the medical office supervisor of your location, or by submitting a Rate your visit, found at MomDoc.com.
- Receive a response to any complaint within 24 business hours.
- Contact the Office Supervisor for a list of our scheduled rates.
- The Office Supervisor at each location has the current license inspection reports posted near their desk. Please ask for the Office Supervisor to obtain these records available for review with Administration.
- The department listed below can be contacted for a complaint regarding our facility:

Arizona Department of Health Services
150 North 18th Ave, Suite 450
Phoenix, AZ 85007-3248
(602)364-3030 Phone (602)792-0466 Fax www.azdhs.gov

- Charges for care determined to be medically necessary by a MomDoc provider will be submitted to the insurance provided by the patient. The patient is responsible for payment of copays, coinsurance, deductibles, and all other treatment not covered by their insurance plan. The patient is responsible for providing and maintaining accurate/updated insurance with MomDoc.
- I acknowledge that I received and read the Notice of Health Information Practices. I understand that my healthcare provider participates in Health Current, Arizona's Health Information Exchange (HIE). I understand that my health information may be securely shared through the HIE, unless I complete and return an Opt Out Form to my healthcare provider.

Patient's Name: _____

Patient's Signature: _____ Date: _____