

NOTIFICATION TO PATIENTS

Patient Rights/Responsibilities Policy on Grievances/Advance Directives and Ownership Disclosure

The patient has the right

1. **To** be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy.
2. **To** prompt and reasonable response to questions and requests.
3. **To** know who is providing medical services and who is responsible for his or her care.
4. **To** know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
5. **To** inspect and copy your health care and billing record – you may exercise this right by delivering the request to our office in writing
6. **To** request that your health care record be amended to correct incorrect or incomplete information – you may exercise this right by delivering the request to our office in writing
7. **To** know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
8. **To** receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
9. **To** receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have charges explained.
10. **To** be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis.
11. **To** refuse treatment, except as otherwise provided by law.
12. **To** be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
13. **To** receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
14. **To** receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
15. **To** know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research.
16. **To** participate in decisions involving their health care, unless contraindicated by concerns for their health.
17. **To** express grievances regarding any violation of his or her rights, as stated in Arizona law, through the grievance procedure of the health care facility, which served him or her, and to the appropriate state-licensing agency.

A patient is responsible

1. **For** providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
2. **For** reporting unexpected changes in his or her condition to the health care provider.
3. **For** reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
4. **For** following the treatment plan recommended by the health care provider.
5. **For** keeping appointments and when he or she is unable to do so for any reason, for notifying the health care facility.
6. **For** his or her actions if he or she refused treatment or does not follow the health care provider's instructions.
7. **For** assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
8. **For** following facility rules and regulations affecting patient care and conduct.
9. **For** consideration and respect of the facility staff and property.
10. **For** reporting pain and working with your doctor or nurse to make a pain relief plan.
11. **For** disposition of their valuables, as the facility does not assume this responsibility.

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PATIENT GRIEVANCE PROCESS

Any patient or patient representative that has a concern regarding their visit to Mark D. Pogue, MD, DDS, PC may submit a written request for resolution to:

*Mark D. Pogue, MD, DDS, PC
Patient Accounts Department
8535 E. Hartford Drive, Suite 100
Scottsdale, AZ 85255*

Verbal requests may be made to the manager of the department by calling and asking for the manager of the department for which there is a concern.

*Patient Account Manager
480-515-5400*

The patient or patient representative has the right to report their concerns to:

*Arizona Department of Health Services (ADHS)
Assurance & Licensure Services
Office and Medical Facilities (OMF)
1647 E. Morten St., Suite 160
Phoenix, Arizona 85020-4610
Phone (602) 674-9750*

DISCLOSURE OF OWNERSHIP INTEREST

A Corporation formed by the physician practicing here owns this facility

PHYSICIAN/DENTIST QUALIFICATIONS

A summary of Dr. Mark D. Pogue's education, board certification and licensures is available upon request.

POLICY ON ADVANCE DIRECTIVES

This Facility requires that patients are made aware of our policy on advance directives prior to a scheduled procedure in order to be in compliance with the Self-Determination Act (PSDA) and State law and rules. Advance directives are statements that indicate the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions. The advance directives are made and witnessed prior to serious illness or injury. There are many types of advance directives, but the two most common forms are:

Living Wills

These generally state the type of medical care an individual wants or does not want if he/she becomes unable to make his/her own decisions.

Durable Power of Attorney for Health Care

This is a signed, dated, and witnessed paper naming another person as an individual's agent or proxy to make medical decisions for that individual if he/she should become unable to make his/her own decisions.

If a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, this facility will make efforts to resuscitate and transfer said patient to a higher-level care facility. Therefore, in accordance with federal and state law, the facility is notifying you it will not honor previously signed advance directives for any patient. If you disagree, you must address this issue with your physician prior to surgery. By signing the medical history form, you agree to this policy.

End