

Patient Rights

Except where medically contraindicated, these rights apply to all adults and adolescents treated at Destiny Springs Healthcare Inpatient/ Outpatient Programs and to their parents and/ or guardians.

A patient has the following rights:

- To access treatment regardless of race, color, creed, sex, sexual orientation, national origin, mental or physical disability, diagnosis, religion, age, marital status or socio-economic status.
- To designate a surrogate decision maker to exercise the rights you have given them to act on your behalf in accordance with state and federal laws.
- To considerate and respectful care and to expect a reasonable response to your requests.
- To reasonably expect, from staff members responsible for your care and welfare, complete and current information concerning your condition.
- To know by name and specialty, if any, the staff members responsible for your care.
- To know the relationship(s) of the facility to other persons or organizations participating in the provision of his/her care.
- To reasonable consideration of your privacy and to be treated with respect and full recognition of your dignity, individuality, choices, strengths, and reasonable cultural and religious needs.
- To expect reasonable safety insofar as the clinic practices and environment are concerned.
- To be free from all forms of abuse, assault, harassment, manipulation, coercion, neglect or exploitation of a sexual nature or otherwise.
- To be free from retaliation for submitting a complaint to Arizona Department of Health Services (the Department) or another entity.
- To be free from misappropriation of personal and private property by a personnel member, employee, volunteer or student.
- 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.
- To be reasonably informed, prior to or at the time of your visit, of services available at the facility and schedule of rates.
- To examine and receive an explanation of the bill, regardless of the source of payment.
- To be informed of the source of the facility reimbursement for your services, and of any limitations which may be placed upon your care.
- To be afforded the opportunity to participate in planning and implementing your treatment program. To refuse care, treatment or services in accordance with law and regulation, including but not limited to experimental research.
- To the maintenance of confidentiality of your clinical record.
- To review upon written request, that patient's own medical record in accordance with facility policy.
- To request consultation at your expense or to request an in-house review of your treatment plan.
- To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health or behavioral health services needed by the patient.
- To have your rights explained to you in a language you understand.
- To reasonable resources to facilitate communications/ to have access to a telephone.
- 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.

Reports:

Licensing inspection reports, with patient information redacted are available in the facility Compliance Office.

Destiny Springs' scheduled rates are available for review upon request within the administrative offices and on our website.

Derechos del paciente

Excepto cuando esté médicamente contraindicado, los siguientes derechos se aplican a todos los adultos y adolescentes que reciben tratamiento en los programas para pacientes hospitalizados o ambulatorios de Destiny Springs Healthcare y a sus padres o tutores.

El paciente tiene derecho a lo siguiente:

- Acceder a un tratamiento independientemente de su raza, color, credo, sexo, orientación sexual, nacionalidad, discapacidad mental o física, diagnóstico, religión, edad o condición socioeconómica.
- Designar a un sustituto responsable de tomar decisiones a fin de que pueda ejercer los derechos que usted le ha dado para que actúe en su representación de acuerdo con las leyes estatales y federales.
- Recibir una atención considerada y respetuosa, y esperar una respuesta razonable a sus pedidos.
- Esperar razonablemente que los miembros del personal responsables de su atención y bienestar le proporcionen información completa y actual sobre su afección.
- Conocer el nombre y la especialidad, si la tuvieran, de los miembros del personal responsables de su atención.
- Conocer las relaciones del centro con otras personas u organizaciones que participan en la prestación de su atención.
- Recibir consideraciones de privacidad razonables, y a ser tratado con respeto y con pleno reconocimiento de su dignidad, individualidad, elecciones, fortalezas y necesidades culturales y religiosas razonables.
- Esperar una seguridad razonable en lo que respecta a las prácticas clínicas y al entorno.
- Estar libre de toda forma de abuso, agresión, acoso, manipulación, coacción, abandono, o explotación sexual o de otra índole.
- Estar libre de represalias por presentar una queja ante el Arizona Department of Health Services (Departamento de Servicios de Salud de Arizona) u otra entidad.
- Estar libre de la apropiación indebida de propiedad personal y privada por parte de un miembro del personal, empleado, voluntario o estudiante.
- Dar su consentimiento para la toma de fotografías y la supervisión digital, según corresponda, a fin de registrar una atención específica o contribuir a su atención (por ejemplo, una herida abierta o la supervisión de una sala de espera). Entiendo que las fotos se almacenarán de forma confidencial y segura, y que puedo verlas y obtener copias. Entiendo que se nos informará a mí o mi representante en caso de que se requiera la toma de fotografías y que puedo negarme a que las tomen. Entiendo que las fotos no se publicarán sin mi autorización por escrito.
- Ser informado de los servicios disponibles en el centro y de las tarifas estipuladas antes de la consulta o durante esta.
- Consultar y recibir explicaciones sobre la facturación, independientemente del origen del pago.
- Ser informado del origen del reembolso de los servicios del centro, y de las limitaciones que pudieran existir respecto de su atención médica.
- Tener la oportunidad de participar en la planificación e implementación de su programa de tratamiento. Negarse a recibir atención, tratamiento o servicios, como la investigación experimental, de acuerdo con las leyes y los reglamentos.
- Que se mantenga la confidencialidad de su expediente médico.
- Revisar, mediante solicitud por escrito, el expediente médico propio del paciente de acuerdo con la política del centro.
- Pedir una consulta por su propia cuenta o solicitar una revisión interna de su plan de tratamiento.
- Ser derivado a otra institución de atención médica si el centro de tratamiento ambulatorio no puede prestar los servicios de salud física o conductual que necesita o no está autorizado a hacerlo.
- Recibir una explicación de sus derechos en un idioma que comprenda.
- Acceder a recursos razonables que faciliten la comunicación y tener acceso a un teléfono.
- Formular un documento de voluntades anticipadas (testamento vital, apoderado de atención médica, poder notarial para la atención médica o una orden o identificación DNR [no resucitar]) y que el personal del centro y los profesionales estén al tanto de dicho documento.

o alentamos a que comparta sus inquietudes o preguntas con cualquier miembro del personal del hospital que esté presente durante su consulta. Puede comunicarse con el defensor del paciente llamando al 602-734-5785. El paciente o su representante tienen derecho a informar las inquietudes no resueltas al **Arizona Department of Health Services, Medical Facilities Licensing, 150 N. 18th Avenue, 4th Floor, Suite 450, Phoenix, AZ 85007, por teléfono al (602) 542-1025 o por fax al (602) 542-0883.**

Informes:

Los informes de inspección de licencias con información del paciente suprimida están disponibles en la Compliance Office (Oficina de Cumplimiento) del centro.

Las tarifas estipuladas de Destiny Springs están disponibles para su consulta en las oficinas administrativas o a través de nuestro sitio web.

Discrimination is Against the Law

Destiny Springs Healthcare (DSH) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DSH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DSH provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, please contact a hospital staff member. If you believe that DSH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the DSH Compliance office at:

Compliance@Destinysprings.com

or

DSH Compliance Officer
17300 North Dysart Rd.
Surprise, AZ 85378
623-233-3000

If you need help filing a complaint or grievance, the compliance office is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Do you have Concerns???

We encourage you to share your concerns or questions with any hospital staff present during your visit with us.

The patient advocate may be reached at 602-734-5785.

Any patient or patient's representative has the right to report their unresolved concerns to **Arizona Department of Health Services, Medical Facilities Licensing, 150 N. 18th Avenue, 4th Floor, Suite 450, Phoenix, AZ 85007, (602) 542-1025 or fax at (602) 364-3030.**

HIPAA Privacy Notice (Health Insurance Portability & Accountability Act)

Your Privacy is Important to Us

We value our relationship with you. We respect your right to privacy and we do everything we can to protect the information provided to us on behalf of our customers and our employees. We ask all employees to follow our policies and procedures about customer privacy and information sharing.

We Protect Our Customer's Privacy:

- We restrict access to electronic customer information by using protected passwords when using company information systems.
- We do not leave customer information open or in view at workstations when our employees are not there. We lock up all of our customer files before leaving the workplace.
- We share customer information only with employees as needed to complete service to the customer.

We Protect Our Employee's Privacy:

- Your personal information is only shared with those administering our company health benefits, financial services, or management programs on behalf of all our employees.
- You are exposed to confidential customer information only as it is necessary to provide service to the customer.
- We provide you with required communications about access to your health rights under COBRA (continuation of health coverage) and HIPAA (portability of health coverage and privacy of health information) guidelines.

Your Personal Health Information Rights Are Protected

The Health Insurance Portability and Accountability Act of 1996 helps to protect your rights to health coverage during events such as changing or losing jobs, pregnancy, moving, or divorce, and provides rights and protections for employers when getting and renewing health coverage for their employees. It also covers your rights with respect to protected health information.

"Protected health information" includes any individually identifiable information that is transmitted or maintained in any form or medium that relates to the past, present, or future physical or mental health condition of an individual, or the provision or payment of health care to an individual that is created or received by a health care provider, health plan, employer, or health care clearinghouse.

- You have the right to access, inspect and obtain a copy of your protected health information.
- You have the right to amend your protected health information.
- You have the right to request restrictions on uses and disclosures of your protected health information.
- You have a right to an explanation of the legal duties and privacy practices of those who have your protected health information.
- You have the right to receive confidential communications regarding your protected health information.
- You have the right to receive an accounting of disclosures of your protected health information.
- You have a right to file a formal, written complaint with those who have your protected health information, or with the Department of Health & Human Services, if you feel your privacy rights have been violated. You may not be retaliated against for filing a complaint.

These privacy rules are assured under HIPAA (Health Insurance Portability & Accountability Act of 1996) and are enforced by the US Department of Health & Human Services Office of Civil Rights.



US Department of Health & Human Services
Office of Civil Rights, 200 Independence
Avenue S.W., Washington D.C. 20201
(877) 696-6775.

IT'S THE LAW!

If you have a medical emergency or are in labor, you have the right to receive, within the capabilities of this hospital's staff and facilities:

- ***An appropriate medical screening examination***
- ***Necessary stabilizing treatment (including treatment for an unborn child) and, if necessary***
- ***An appropriate transfer to another facility even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid.***

This hospital does participate in the Medicaid program.

<p>ENGLISH If you speak English, language assistance services, free of charge, are available to you. Call 1-877-696-6775.</p>	<p>ARABIC لحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-696-6775</p>	<p>RUSSIAN ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-696-6775.</p>
<p>SPANISH si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775.</p>	<p>TAGALOG PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-696-6775.</p>	<p>JAPANESE 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-696-6775 まで、お電話にてご連絡ください。</p>
<p>NAVAJO Dii baa ako ninizin: Dii saad yanilti' go INe Bizaad, saad bee aka anida"awo dee, t'aa jii'eh, ei na hoto, koji' hodiilnih 1-877-696-6775.</p>	<p>KOREAN 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.</p>	<p>PERSIAN توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-696-6775 تماس بگیرید</p>
<p>CHINESE 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-696-6775</p>	<p>FRENCH ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-696-6775.</p>	<p>SYRIAC 1-877-696-6775 ܟܝܡܝܢܝܝܘܢ ܟܝܡܝܢܝܝܘܢ ܟܝܡܝܢܝܝܘܢ ܟܝܡܝܢܝܝܘܢ ܟܝܡܝܢܝܝܘܢ</p>
<p>VIETNAMESE CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.</p>	<p>GERMAN ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-696-6775.</p>	<p>SERBIAN เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไทยได้ฟรี โทร 1-877-696-6775.</p>