



t. (307) 201-5380
 e. info@tetonmri.com
 w. TetonMRI.com
 a. 250 Scott Lane, Unit 110
 Jackson WY 83002

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Voice grievances regarding treatment or care at any time
- Personal privacy
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services with the highest quality of care.
- Make informed decisions regarding his or her care. Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- **Access to and/or copies of his/her medical records. Additional copies requested to be sent by: fax, email, mail or other courier will cost not to exceed our actual cost of the materials and work to replicate the records. (0.25\$ per page and 0.50\$ per disc)**
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- To change providers if other qualified providers are available.
- If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

PATIENT RESPONSIBILITIES

- Follow safety directions given by employees, signs and policy of facility.
- Keep appointments and, when unable to do so, notify the facility and physician.
- Pay for services rendered
- Promptly fulfill his or her financial obligations to the facility.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or health.
- **Notify Intermountain Management Services of any phone number or address change. 1-800-338-5378 ext.16**

DISCLOSURE OF OWNERSHIP

Teton Sports & Spine is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of care for our patients. Your physician may or may not have a financial interest in this facility.

DISCLOSURE OF PRIVATE INFORMATION

Teton Sports & Spine releases financial and Insurance information to Intermountain Management Services for billing purposes.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Wyoming, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to make decisions or unable to communicate decisions. Teton Sports and Spine respects and upholds those rights. However, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

ALTERNATIVE SUPPLIERS INCLUDE:

St. John's Hospital 307-733-3636 625 East Broadway
 Teton Orthopedics 307-733-3900 555 East Broadway
 Orthopedic Associates 307-734-5999 945 West Broadway

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (307) 201-5380 or by mail at:
 Teton Sports & Spine Imaging
 PO BOX 14410/Jackson, WY 83002

Complaints and grievances may also be filed through the Wyoming Department of Health at:
 Office of Healthcare Licensing and Surveys
 400 Qwest Bldg./6101 Yellowstone Rd./Cheyenne, WY 82002
 (307) 777 - 7123 (307) 777 - 7127 (Fax)

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at:
<http://www.cms.hhs.gov/center/ombudsman.asp>

By signing this document, I acknowledge that I have read and understand its contents and have been offered a copy:

Patient OR Patient Representative Signature	Date
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