

PATIENT RIGHTS & RESPONSIBILITIES

True Precision Medical · Effective September 30, 2026

True Precision Medical gives every patient this notice before the date of any procedure. It sets out what you are entitled to expect from us, what we ask of you in return, what happens in an emergency, and how to raise a concern if we fall short.

YOUR RIGHTS

As a patient, you have the right to:

- Be treated with dignity, respect and consideration, and to receive care in a safe setting, free from abuse, neglect, exploitation, coercion, harassment or retaliation of any kind.
- Receive care without discrimination on the basis of race, colour, national origin, ethnicity, religion, age, sex, sexual orientation, gender identity, disability, marital status, source of payment, or diagnosis.
- Personal privacy during examination and treatment, and confidential handling of your records and of discussions about your care.
- Know the name and professional role of everyone involved in your care, know which physician has primary responsibility for it, and change providers.
- Know why anyone else is present during your care, and to ask that they leave.
- Receive information about your condition, your treatment and what to expect afterwards, in terms you understand — including interpretation at no cost to you if English is not your primary language, and auxiliary aids if you have a disability.
- Give informed consent. Except in an emergency, that means being told what the procedure involves, its significant risks, the alternatives including doing nothing and the risks of each, and who will be performing it.
- Take part in decisions about your care, and to refuse any treatment or procedure to the extent the law allows — including leaving against medical advice.
- Be told in advance about, and to refuse to take part in, any research or experimentation affecting your care. Refusing will not affect your treatment.
- See and get a copy of your own medical record.
- Know our fees, receive an explanation of your bill regardless of who pays it, and receive a good faith estimate of what your care will cost.
- Be free from restraint or seclusion except where it is medically necessary and ordered by a physician.
- Be told the facility's rules that apply to your conduct as a patient, and what care you will need after you leave.
- Be told if your treating physician does not carry current professional liability insurance, and to ask about how we credential our physicians.
- Voice a grievance about your care without fear that it will affect how you are treated, and to be told how.
- Have every right in this notice exercised by the person who has legal authority to make decisions on your behalf, if you cannot exercise them yourself.

WHAT WE ASK OF YOU

We can only do our part if you do yours. As a patient, you are asked to:

- Give us complete and accurate information about your health, your medications, your allergies and your history, and tell us when any of it changes. We rely on what you tell us. Information that is withheld or inaccurate can make your care unsafe, and we may postpone or decline a procedure because of it.
- Follow the instructions you are given before and after a procedure, including anything you are told about eating, drinking and medication. If those instructions have not been followed we may postpone your procedure on the day, and a missed-appointment charge may apply.
- Tell us if you do not understand something, or if you cannot follow the plan we have agreed. We would far rather change the plan than have you leave and not follow it.
- Keep your appointments, and let us know at least one business day ahead if you cannot.
- Arrange for a responsible adult to take you home and stay with you after any procedure involving sedation. We cannot let you drive yourself, and we will cancel a procedure on the day if no one is there to take you home.
- Bring a copy of your advance directive or medical power of attorney if you have one, and photo identification and your current insurance card to every visit.
- Give us current insurance information and meet your financial obligations for your care, as set out in our Financial Policy.
- Treat our staff and our other patients with courtesy, and respect our property. We do not accept threatening, abusive, harassing or discriminatory behaviour toward anyone here.

ADVANCE DIRECTIVES

Many patients have a living will, a health care power of attorney or another advance directive. We will ask whether you do, and we ask you to bring a copy so it can go in your record.

What we do in an emergency. Our care is limited to elective outpatient procedures. If a life-threatening situation arises here, our policy is to begin life-sustaining measures immediately and to activate emergency medical services for transport to a hospital. We will not withhold resuscitation at this facility.

This is not us overriding your wishes. It reflects what this setting can safely do: the decisions an advance directive is written for are made with time, a full clinical picture and the people who know you — none of which an outpatient suite has in the minutes after an unexpected event.

Your directive is not affected. Acknowledging this policy does not revoke, suspend or invalidate your advance directive or your health care power of attorney. It continues to apply everywhere else, including at the hospital you would be transported to.

If you would rather your directive be followed without exception during a procedure, tell us before you are scheduled. We will discuss it with you, and a hospital setting may be the right place for your care.

Arizona law. Arizona law lets you set out your wishes in advance through a living will, a health care power of attorney, a mental health care power of attorney or a prehospital medical care directive, and lets you register them with the Arizona Secretary of State. You do not need a lawyer to complete any of them.

If you want the forms. Ask any member of our staff and we will give you the official Arizona forms, at no charge. We record in your chart whether or not you have an advance directive.

PHYSICIAN FINANCIAL INTEREST

No physician who treats you at True Precision Medical holds an ownership or investment interest in this facility. If that changes, we will tell you in writing before your procedure.

You are always free to have your procedure elsewhere. Choosing to do so will not affect the care you receive from us in any way.

WHEN WE MAY DECLINE OR END CARE

Ours is an elective outpatient practice. Except where the law requires us to act, care here is something you and we both agree to, and either of us may decide it is not the right fit.

Grounds. We may decline to schedule, may postpone, or may end our relationship with you where: you repeatedly miss appointments; an account is unpaid and no payment arrangement is in place; you give us information that is untrue or incomplete in a way that affects your care; you decline to follow safety instructions; or anyone behaves in a way that threatens the safety, dignity or wellbeing of our staff or our other patients.

What we do. If we end the relationship we will tell you in writing. Except where behaviour makes it unsafe to continue, we will remain available for urgent needs relating to care we have already given you for 30 days from that notice, so that you have time to find another provider. We will send your records to whoever you choose, and there is no charge for transferring them to a treating provider.

Emergencies. None of this affects emergency care. If you have a medical emergency, call 911 or go to the nearest emergency department.

IF SOMETHING GOES WRONG

Tell us. Most concerns are resolved the same day by the person in front of you, and we would rather hear it while we can still put it right.

Raising it with us. Ask for the Compliance Officer, or call (480) 616-0356. You may also write to us at True Precision Medical, 5133 N Central Ave #101, Phoenix, AZ 85012. We will acknowledge your grievance, look into it, and give you a written answer with the name of a contact person, the steps we took and the date we finished.

You do not have to come to us first. You can go straight to the authorities below, and you can go to them after raising it with us if you are not satisfied.

Arizona Department of Health Services. You may file a complaint with the state licensing authority. Ask any member of our staff, or call us on (480) 616-0356, and we will give you the current address and telephone number.

Medicare Beneficiary Ombudsman. If you are a Medicare beneficiary, you may contact the Ombudsman on 1-800-633-4227 (TTY 1-877-486-2048), or at [medicare.gov](https://www.medicare.gov).

Contacting any of them will not affect your care here, and we will not retaliate against you for it.

QUESTIONS AND CONTACT

Compliance Officer · (480) 616-0356

True Precision Medical, 5133 N Central Ave #101, Phoenix, AZ 85012

A current copy of this notice is available at our offices and at trueprecisionmedical.com/patient-rights.