

The Patient Bill Of Rights & Responsibilities

The goal of the Health Center is to provide all patients with high quality health care in a manner that clearly recognizes individuals' needs and rights. We also recognize that in order to accomplish this goal effectively, the student and the health care provider must work together to develop and maintain optimum health.

AS A PATIENT YOU HAVE THE RIGHT:

1. To receive considerate care in a smoke-free environment that is respectful of your privacy, personal beliefs and cultural and spiritual values.
2. To have all things explained to you in terms that you can understand and to have any questions answered concerning your symptoms, evaluation, diagnosis, prognosis and treatment. If you are medically unable to receive health information or prefer it be given to someone else, the information will be provided to a person designated by you or to a legally authorized person.
3. To know what your diagnosis is; what treatment or medications will be used including possible side effects and risks.
4. To understand the contents of your medical records through interpretation by the provider.
5. To know the name and title of the person who is interviewing and examining you.
6. To have the opportunity to refuse care offered by nurse practitioner interns.
7. To request a specific gender or specific provider.
8. To change your healthcare provider and request another provider.
9. To have explained to you ways that you can prevent your medical problem from recurring.
10. To refuse to be examined or treated by health care providers and to be informed of the consequences of such decisions.
11. To be assured of the confidential treatment of disclosures and records and to have the opportunity to approve or refuse the release of such information except when release of specific information is required by law or is necessary to safeguard you or the university community.
12. To be given the opportunity to participate in decisions involving your health care.
13. To be informed and asked whether you wish to participate in medical research if and when it is being conducted at the Health Center.
14. To participate in the consideration of ethical issues that arises in the provision of your care.
15. To be given the opportunity to provide feedback on the services you receive with the knowledge that your care or service will not be jeopardized.

AS A PATIENT YOU HAVE THE RESPONSIBILITY:

1. To request a chaperone in the exam room if the exam may be of a sensitive nature.
2. To provide the Health Center with information about past immunizations, illnesses, hospitalizations and medications including over-the-counter products and dietary supplements and any allergies or sensitivities.
3. To follow the treatment plan prescribed and to ask questions if you do not understand the directions or treatment being given by a provider.
4. To inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
5. To accept personal financial responsibility for any charges not covered by your insurance.
6. To keep appointments or telephone the Health Center within a reasonable time ahead if you need to cancel.
7. To be respectful of others' privacy and property while in the Health Center facility.
8. To adhere to COVID-related policies and procedures.