

Patient Rights and Responsibilities

PATIENT RIGHTS

You have the right to receive considerate, respectful, and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disability status.

You can expect full consideration of your privacy and confidentiality.

You have the right to be told by your provider about your diagnosis, the benefits and risks of treatment, and the expected outcome of treatment.

You have the right to make decisions about your care, your treatment, and services provided, including the right to refuse treatment.

You have the right to know the names and qualifications of health care team members providing your care.

You have the right to request a specific provider for your visit.

You may ask for a chaperone during any type of exam.

You have the right to give written informed consent before any procedure begins.

You have the right to see or get a copy of your medical records.

You have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for identification, diagnosis, or treatment.

You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your provider or nurse. Additionally, you may request to speak with the medical director or the SHC director or complete a Patient Grievance form. If your concern is not resolved to your liking, you may also file a grievance with the Dean of Students at the following website: http://www.shsu.edu/dept/dean-of-students/std_grievance_proc.html

If you want information about advanced directives, contact the Legal Hotline for Texans at 1-800-622-2520 or go to one of the following State websites:

hhs.texas.gov/laws-regulations/forms/advance-directives

dshs.texas.gov/alzheimers/advanced-directives.html

PATIENT RESPONSIBILITIES

You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.

You are expected to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for

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telling your doctor. You are responsible for outcomes if you do not follow the care, treatment, and service plan.

You are expected to actively participate in your treatment plan and to keep your doctors and nurses informed of the effectiveness of your treatment. You are expected to report any adverse side effects of treatment and/or worsening condition

You are expected to treat all clinic staff, other patients, and visitors with courtesy and respect; abide by all university rules and safety regulations.

You have the responsibility to keep appointments, be on time, and call the SHC if you cannot keep your appointments. Failure to provide notification of an appointment cancellation at least one hour in advance will result in the patient incurring a "no-show" fee.

You are asked to please leave valuables at home and bring only necessary items to the clinic.

You are personally responsible for all financial charges associated with your visit. This may include but is not limited to, laboratory services including in clinic diagnostic testing, pharmacy charges, procedure or supply charges, injection services. You have the right to request information on the cost for each service that is being suggested as part of your care and you may do that during the visit prior to the service or supply being provided to you. All charges will be transferred to your SHSU student account and will have to be paid through the Cashiers Office prior to the end of each semester.