

# PATIENT RIGHTS AND RESPONSIBILITIES

**AS A PATIENT, YOU HAVE CHOICES, RIGHTS, AND RESPONSIBILITIES. YOU WILL NOT BE REQUIRED TO WAIVE YOUR RIGHTS AS A CONDITION OF OBTAINING HEALTH CARE AT UNIVERSITY HEALTH SERVICES.**

## You have the **RIGHT** to:

- Be treated with respect, consideration, and dignity without discrimination based on race, color, creed, religion, national origin, immigration status, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, gender expression, or other identity.
- Be referred to by your correct name and pronouns.
- Know the names and credentials of the health care professionals serving you.
- Approve or deny the presence of an observer during your visit.
- Receive information about services available and any related costs.
- Receive confidential treatment of all communication and records relating to your care. Except as mandated and/or allowed by law, your written permission is required before we may give information to anyone not connected with your care.
- Request that your health insurance not be billed for services.
- Receive accurate information in a manner you understand, including language interpretation and translation.
- Select and/or change your health care provider.
- Receive information concerning your diagnosis, evaluation, treatment, and prognosis and, if needed, to have this information shared with a person you designate or who is legally authorized.
- Participate in decisions involving your health care, choosing and consenting to all forms of treatment, and/or refusing any care or treatment.
- Know what provisions are available for after hours and emergency care.
- Receive appropriate referrals to other health care professionals and services outside of UHS.
- Provide UHS an advance directive that would be used if you become unable to make medical care decisions.
- Provide feedback, make suggestions, and express grievances.
- Receive information on the following: patient conduct and responsibilities; payment and privacy policies; and accurate information regarding the competence and capabilities of the organization.

## You have the **RESPONSIBILITY** to:

- Provide complete and accurate information to the best of your ability about your medical health, any current medications including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Be respectful of all UHS health care professionals, staff, and other patients.
- Arrive as scheduled for appointments or cancel in advance any appointments you cannot keep.
- Provide a current phone number and email address so that UHS staff are able to communicate with you.
- Respond to phone messages or Secure Messages sent by UHS staff.
- Follow the treatment plan laid out by your health care provider and to advise the health care provider if you do not understand it or think you will be able to follow it.
- Know the names, purposes, and effects of medications prescribed to you.
- Be accountable for your actions if you do not follow the recommended treatment plan.
- Report any significant changes in symptoms or failure to improve.
- Become informed of the scope of basic services offered, the costs, and the necessity for medical insurance and to actively seek clarification of any aspect and cost of participation in UHS services that you do not understand.
- Accept personal accountability for any charges not covered by your insurance and to promptly pay any bills that you have incurred.
- Arrange for an accountable adult to transport you home from UHS and remain with you for the indicated time period when required by the health care provider.
- Inform the medical staff at UHS of any living will, medical power of attorney, or other directive that could affect your care.

