

Patient Rights and Responsibilities

The Patient Has The Right To:

- Receive information about how their medical information may be used and disclosed, obtain access to this information, request restrictions on how information may be used or disclosed, request amendments to their record and review their medical record with a provider.
- Consideration of the physical, psychological, spiritual, educational and cultural variables that influence their perceptions of illness.
- Change their current provider to another provider as available.
- Assistance in locating alternate services when indicated.
- Personal privacy and confidentiality of information and, except when required by law, will be given the opportunity to approve or refuse the release of disclosures of medical information.
- Be treated with respect, consideration and dignity.
- Receive an explanation, to the degree known, of their diagnosis, evaluation, treatment options and prognosis. When it is not feasible to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Participate in decisions involving their health care, except when contraindicated for medical reasons, including the choice of treatment plan, as well as the right to refuse treatment to the extent permitted by law and be informed of the medical consequences of their actions.
- Be informed of and refuse experimental research and treatment.
- Information about the provisions for after hour and emergency care, statement of patient rights and responsibilities, the mechanism for the resolution of patient complaints, the procedure for expressing grievances and/or external appeals and the right to express suggestions.

The Patient Has The Responsibility To:

- Pursue healthy lifestyles and to take care of their health as best as they can.
- Assist provider in their care by giving complete and accurate information.
- Treat all EIU Health and Counseling Services personnel with respect and dignity.
- Actively participate in decisions involving their care and treatment.
- Become knowledgeable about their treatment plans.
- State whether they clearly comprehend the contemplated course of action and what is expected of them.
- Receive an explanation of their bill and have information regarding fees for services and payment policies.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Inform his/her provider about any living will, medical power of attorney or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.

Grievance Policy

- Patients are encouraged to express their grievances, suggestions and other comments regarding their experience with the Health & Counseling Services - Medical Clinic by directly speaking with their provider, contacting the Health & Counseling Services Director, or by completing the Customer Service Survey and Comment Form found on our website.
- In order to voice grievances about care, recommend policy/service changes or make complaints without fear of reprisal or unreasonable interruption of care, contact:

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