



PATIENT RIGHTS AND RESPONSIBILITIES

Every patient has certain rights and responsibilities in regard to their health care. In order to provide you the very best care, we expect you to be an active and informed consumer.

You have the right to:

- Be treated with dignity, respect, and consideration without regard to your race, religion, age, sex, beliefs, or lifestyle
- Privacy during your clinic visit and confidentiality of your health information
- Interpretation services for deaf and hard-of-hearing (please arrange through the [DRC](#) prior to scheduling your appointment)
- Know the names and positions of the staff serving you
- Request to change your provider; request to change your provider from a nurse practitioner to a physician; request one change of counselor (may require rescheduling)
- Participate in your health care planning and to consent by accepting all or part of treatments offered or refuse all or part of treatments
- Information about your diagnosis, treatment, and prognosis
- The opportunity to provide feedback on the services and programs offered by the Student Health Center. This input may be supplied verbally, in writing, or through the satisfaction survey
- File a grievance as indicated on the bulletin board in the reception area
- Have access to information about advance care directives*

You have the responsibility to:

- Treat the staff and other patients and visitors with respect, consideration, and dignity
- Provide accurate information to the best of your ability about your health, any medications taken (including over-the-counter products and dietary supplements), and any allergies or sensitivities
- Inform the staff of any changes in your health status that may affect treatment
- Ask questions and be sure you understand everything connected with your health
- Report any adverse side effects of treatment and/or worsening of your condition
- Follow health care advice and medical instructions
- Arrive at your appointment on time or cancel the appointment 24 hours in advance if unable to keep it
- If you are unable to care for yourself, you must provide a responsible adult to provide transportation home and remain with them as indicated by the provider or discharge instructions
- Accept personal financial responsibility for any charges for the services you receive

Want more information about our practice? Please feel free to ask our staff or consult our website at lamar.edu/healthcenter.

*An Advance Directive is a form that you fill out to describe the kinds of medical care you want to have if something happens to you and you can't speak for yourself. It tells your family and your doctor what to do if you're badly hurt or have a serious illness that keeps you from saying what you want. An advance directive can also be a talk you have with your family and your doctor about the kinds of care you want to have.

For more information go to:

<https://hhs.texas.gov/laws-regulations/forms/advance-directives>

<https://fivewishes.org/docs/default-source/Samples/five-wishes-sample.pdf>