

IUPUI CAMPUS HEALTH

Patient Rights and Responsibilities

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Effective Date: 07/28/2010

Revision Date: 01/15/2014

I. **Title:** Patient Rights and Responsibilities

II. **Purpose**

IUPUI Campus Health (IUPUI CH) recognizes that the patient, our client, has the right to quality medical care, personal respect, consideration and dignity. As such we will post in a visible place the "Patient's Rights and Responsibilities", as our pledge to uphold these rights.

III. **Policy**

A. While you are a patient at IUPUI CH, we will provide quality care and treatment. As our patient, ***you have the right*** to expect the following:

1. It is your right to be fully informed about your health care including diagnosis, treatment, and prognosis before the treatment is begun. You have the right to know the risks of any treatment or therapy to the degree known. When medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.
2. Patients have the right to participate in the decisions involving their health care, except when such participation is contraindicated for medical reasons. This includes but is not limited to:
 - The right to refuse participation in experimental research
 - The freedom to accept or refuse any treatment or procedure
3. Personal and informational privacy, within the law, including the right:
 - To refuse to talk to anyone not officially connected with your case
 - To expect reasonable privacy when being interviewed and examined or when your case is being discussed
 - To expect confidential handling of all records and communications pertaining to your care
4. The right to receive considerate respectful care at all times.
5. The right to know the names and status of everyone providing service to you including those primarily responsible for your care.
6. Patients may change their primary provider or clinician, if other qualified providers and / or clinician are available within IUPUI CH.

B. **As our patient you have the responsibilities** to perform the following:

1. Patients have an obligation to provide accurate, complete, information about themselves and their health to IUPUI CH personnel to assure their proper evaluation and care.
2. It is the patient's responsibility to seek health care when you become ill or injured in a timely manner. If you refuse and / or delay treatment, you must assume the responsibility of the medical consequences.
3. It is the patient's responsibility to interact effectively with the health care provider and staff by actively communicating your needs, concerns, and questions, in a respectful manner.
4. To keep all scheduled appointments or to notify IUPUI CH 24 hours in advance of any changes or cancellations. (If more than 30 minutes late for your scheduled appointment it may be necessary to reschedule the appointment.)

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1/15/14

Date

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1/15/2014

Date

PATIENT RIGHTS

- **To be provided with courteous, considerate care, as well as being treated with respect**
- **To have privacy and confidentiality with regard to treatment and medical records**
- **Patient disclosures and records are treated confidentially, and except when required by law, patients will be given the opportunity to approve or refuse their release**
- **To be informed of the diagnosis, evaluation, treatment and prognosis; and to know of possible risks, side effects or alternate methods of treatment. When medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to legally authorized person.**
- **Patients have the right to participate in the decisions involving their health care, except when such participation is contraindicated for medical reasons.**
- **Patients have the right to refuse treatment, or to ask for a second opinion, or an alternative course of treatment, and to be informed of the medical consequences of this action. Patients also will be informed of involvement in research projects through information sheets or informed consent forms. These forms include the option not to participate.**
- **Patients may change their primary provider or clinician, if other qualified provider or clinician is available.**

PATIENT RESPONSIBILITIES and CONDUCT

- **To cooperate responsibly with all persons involved in the health care process**
- **To present details of illness or complaint in a direct and straightforward manner**
- **To present accurate identifying information**
- **To keep scheduled appointments and arrive on time, or notify the health center 24 hours in advance of any changes or cancellations**
- **To comply with the treatment plan provided by the health professional**
- **To ask for clarification whenever information or instructions are not understood**
- **To seek care health care in a timely manner when ill or injured.**