



### ***Patient Rights***

- To be treated with respect, consideration and dignity
- To receive fair, considerate treatment regardless of age, gender, race, creed, national origin, economic status, lifestyle, or disability
- To request communication assistance if necessary
- To participate in the development and implementation of the treatment plan
- To have records and disclosures treated confidentially except when required by law and be given the chance to approve or refuse the release
- To be provided privacy
- To obtain a written copy of TCU Health Center's Notice of Privacy Practices
- To know the name of the doctor/nurse responsible for his/her care
- To change his/her provider if other qualified providers are available
- To receive complete, understandable information regarding diagnosis, treatment and prognosis
- To be informed of known alternative treatments and to choose among the alternatives, including the right to refuse treatment
- To inspect, review, ask questions regarding his/her medical record
- To obtain a copy of his/ her medical record (if over 10 pages, a reasonable fee will be assessed)
- To refuse treatment to the extent permitted by law and to be informed of potential medical consequences
- To raise concerns regarding any aspect of his/her medical care by addressing their concerns by following the posted complaint/concern process as posted on the TCU Health Center website and in the Health Center
- To have his/her personal dignity respected at all times
- To have considerate and respectful care that honors psychosocial, spiritual and cultural values and beliefs
- To receive information regarding TCU Health Center's payment policies
- To examine and receive an explanation of any billing/costs upon request
- To be informed of the existence of business relationships among the TCU Health Center, other health care providers, and payers that may influence the patient's treatment

### ***Patient Responsibilities***

- To provide a complete and accurate medical history to the best of his/her ability, including past illnesses, allergies, sensitivities, hospitalizations, medications, over the counter products, dietary supplements and other matters relating to his or her health
- Accept personal financial responsibility for any charges not covered by his/her insurance
- To sign "Consent to Treatment" form when being evaluated by a medical provider
- To notify clinic personnel prior to a visit regarding any special assistance necessary to clearly communicate with physicians or nurses
- To be responsible for his/her own care by following discharge instructions/plan of care which includes medications, follow up requirements, durable medical supplies, and any other plan of care as deemed necessary by medical provider
- To acknowledge receipt of TCU Notice of Privacy Practices, prior to being evaluated by a medical provider
- To ask questions about specific problems and request information when not understanding his or her illness or treatment
- To accept results or consequences if he or she refuses treatment does not follow the doctor's recommendations or leaves the TCU Health Center against medical advice
- To respect the rights and privacy of other patients and TCU Health Center personnel
- To respect TCU Health Center property and property of other patients
- To refrain from smoking on the clinic property
- To report changes in address, telephone number and any other insurance information