



NORTHERN ARIZONA
UNIVERSITY

CAMPUS HEALTH SERVICES
GUIDELINES OF PRACTICE

NUMBER:
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DATE OF ORIGIN:
04/2013

TITLE: ADM09 ADMINISTRATIVE – RIGHTS AND RESPONSIBILITIES

REVISION DATE: FEBRUARY 2016

SUBJECT: **PATIENT RIGHTS AND RESPONSIBILITIES**

PATIENT / PATIENT REPRESENTATIVE RIGHTS

- Your privacy will be protected at Campus Health Services (CHS). Your examination, treatment and discussions with your providers will be kept confidential by the health care providers involved with your care. All communications and records pertaining to your medical care will be held in strict confidence. You may approve or refuse the release of your medical record to any individual outside the facility, except as otherwise provided by law or a third party contract.
- You will be treated with consideration and respect.
- You will know the identity and professional title of the person(s) providing care for you at CHS.
- All patients have the right to have a chaperone of the same gender present during any medical examination or procedure.
- You will receive, from your provider, complete and current information about the diagnosis, treatment and prognosis of your condition in terms that you can understand. You have the right and responsibility to participate in decisions involving your health care.
- You have the right to request translation services in order to communicate effectively with health care providers.
- You have the right to an advance directive, such as a Living Will or a Health Care Power of Attorney, and receive care that is consistent with these directives. These documents express your choices about your future care and/or name someone to make decisions for you if you cannot make or communicate our own health care decisions. If you have a written advance directive, you should provide a copy to CHS, your family and your provider.
- When it is medically inadvisable to give clinical information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- You have the right to refuse participation in research.
- You have the right to refuse treatment to the extent permitted by law and to be informed of the potential consequences of any such action.
- You will be seen by the provider of your choice whenever possible. You have the right to change your provider if another qualified provider is available.
- You have the right to expect reasonable continuity of care within the limitations of available providers and appointment times.
- If it is medically appropriate to refer or transfer you to another health care facility, you will receive complete information and explanation concerning the need for, and alternatives to, such a referral or transfer.

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- If requested, you will receive an explanation of any bill that you receive from Campus Health Services.
- You have the right to prompt resolution of a grievance. CHS will not retaliate against a patient or representative for filing a grievance. Please notify your healthcare providers of unmet care needs or care concerns.
- The medical record is documentation of your treatment and procedures done at the CHS and is the property of CHS. If you wish to know about the contents of your medical record, transfer your record, or desire a copy, please ask the Medical Records Department.

If you have any concerns, feedback, or grievances regarding your patient rights, treatment, or care please contact Campus Health Services at (928)523-2131 or email at campushealth@nau.edu. We will promptly review your concern and reply.

Patients have responsibilities as well as rights. Patients can help themselves by being responsible in the following ways.

PATIENT / PATIENT REPRESENTATIVE RESPONSIBILITIES

- You are responsible for keeping your appointments at CHS. If you cannot keep an appointment, it is your responsibility to notify CHS as early as possible so that another patient can be seen during that time. There is a charge for missed appointments or appointments cancelled without adequate notice.
- You have the responsibility to treat CHS staff and professionals with respect and consideration, as well as other patients and visitors.
- You have the responsibility to be honest and direct about matters that relate to you, including answering questions honestly and completely.
- You are responsible for understanding your health problems. If you do not understand your illness or treatment, it is your responsibility to ask your provider for further explanation.
- It is your responsibility to tell your provider if you are not able or willing to follow the treatment plan prescribed for you.
- To the best of your ability, it is your responsibility to provide complete and accurate information including medications, over-the-counter products and dietary supplements, and any allergies or sensitivities.
- It is your responsibility to inform your provider of any changes in your health.
- You are responsible to follow the treatment plan prescribed by your provider and participate in your care.
- If required, it is your responsibility to provide a responsible adult to transport you home from CHS and remain with you for the period of time designated by your provider.
- You are required to accept personal financial responsibility for any charges not covered by your insurance.

Signatures

Approved by: Daniel L Bruey _____ Title: Director of Administration Date 03/28/2016

Approved by: Julie A Ryan _____ Title: Executive Director Date 03/28/2016