

Policy #	SHWC-17-1023
Distribution	Health Services
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## Student Health Services

### NAME OF POLICY: Patient Rights and Responsibilities

### I. POLICY: Patient Rights and Responsibilities

### II. PURPOSE:

To provide a framework of principles that support and encourage the development of trust between patients and Student Health Services' staff in the provision of health care, and to define the mechanism for communicating these principles to patients.

### Patient Rights:

- To be fully informed of all your patient rights and receive a written copy of the Patient Rights and Responsibilities.
- To be treated with respect, consideration and dignity. To receive considerate, respectful and compassionate care regardless of your age, gender, race, religion, culture, language, disabilities, socioeconomic status, sexual orientation, or gender identity or expression.
- To receive information in a manner tailored to your age, language needs and ability to understand. An interpreter, translator or other auxiliary aids, tools or services will be provided to you for vital and necessary information free of charge. To communicate with by health care professionals and other staff in the language or manner you primarily use.
- To be called by your chosen name and to be given the names of the health care team involved in your care.
- To receive information about how medical information is used and disclosed, obtain access to this information, request restrictions on how information may be used or disclosed, request amendments to the medical record, and review your medical record.
- To discuss the physical, psychological, spiritual, educational and cultural variables that influence perceptions of illness.
- To request a change in your healthcare provider.
- To receive assistance in locating alternative services when indicated.
- To obtain confidential disclosure of medical information, except when required by law, with the opportunity to approve or refuse the release of these disclosures.
- To receive an explanation, to the degree known, of the diagnosis, evaluation, treatment options, and prognosis. When it is medically inadvisable to give such information, the information is provided to a person designated by the patient or to a legally authorized delegate.
- To participate in decisions involving 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 to be informed of the medical consequences of these actions.
- To receive information about the rules and regulations that apply to patient care and conduct, provisions for after-hours and emergency care, statement of patient rights and responsibilities, the mechanism for resolution of patient complaints, the procedure for expressing grievances and/or external appeals, and the right to express suggestions.
- To refuse to participate in research.
- To refuse any photos, video recording, and audio recording within SHS. However, it may be necessary at times to permit the photographing, video recording, or audio recording for legitimate purposes. In these cases, your consent/authorization will be obtained.

- To make informed decisions regarding care including options, alternatives, risk and benefits. Student Health Services honors your right to give, rescind and withhold consent.
- To receive information regarding the Student Health Services Policy on use of Advance Directives.
- To choose your preferred pharmacy.

### **Patient Responsibilities:**

- To provide the healthcare providers with complete and accurate information to the best of one's ability about general health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- To treat all Student Health Services' personnel and other patients with dignity and respect.
- To ask questions about the planned treatment and expected outcome in order to fully comprehend and participate in decisions involving your own healthcare.
- To follow the treatment plan recommended by your provider or accept full responsibility for not following the recommendations or refusing treatment.
- To protect yourself and others against infections by wearing a face covering for upper respiratory symptoms or any other recommended personal protective equipment recommended by the clinic.
- To respect others by silencing your cell phones in the exam rooms and waiting areas.
- To respect the privacy of others by not photographing, video recording, or audio recording any individual within SHS (including patients and staff).
- To become knowledgeable about health plans, and accept personal financial responsibility for any charges incurred for services rendered that are not covered by insurance.
- To bring a responsible adult to transport you home from the facility and remain with you for the specified period of time following a procedure as directed by the provider.
- To inform the provider about any living will, medical power of attorney, or other directive that could affect your care.

### **Communicating Patient Rights and Responsibilities:**

Patients' Rights and Responsibilities are communicated to patients in writing through the Patient Rights and Responsibilities poster that is available in waiting areas, or electronic documents available at appointment check-in and on the Student Health Services' website.

### **Patient Grievances:**

Patients are encouraged to express grievances, suggestions and other comments regarding one's experiences with Student Health Services. Patients can give feedback through the Patient Satisfaction Survey, the "How Did We Do?" electronic form on our website, or by calling or emailing the Nursing Supervisor or Medical Director. The Patient Satisfaction Survey defaults to anonymous feedback unless there is a quality or safety concern. The "How Did We Do?" form can be identifiable or anonymous.

- To **voice your concerns** about the care you receive. If you have a problem or complaint, you may talk with your health care team to resolve the problem. If unresolved, you have the following contact options:
  - **UAB Student Health Services:**  
Contact SHS and ask for Nursing Supervisor by dialing 205-934-3580
  - Or Send a written letter of unresolved grievance to:  
**UAB Student Health Services**  
C/O Medical Director  
1714 9<sup>th</sup> Ave South, LRC 300  
Birmingham, AL 35294