

Patient Bill of Rights and Responsibilities

You have a right:

- To be treated with respect, consideration, and dignity regardless of your race, color, creed, religion, national origin, gender, gender identity, gender expression, sexual orientation, age, disability, political belief or affiliation, marital status, veteran status, source of payment or public assistance status
- To know the names and credentials of the health care professionals serving you
- To privacy
- To receive accurate and understandable information about your health
- To know the benefits, effects, side effects, expected outcome, and problems of available treatment(s)
- To participate in decisions regarding your health care and treatment
- To confidential treatment of all communications and records relating to your care, except as required or allowed by law. Your written permission is required before we may give information to anyone not connected to your care
- To choose a specific provider or to change providers
- To information regarding in-person and telemedicine services available and any related costs
- To information about after-hours and emergency care services available in the community
- To review your medical record with a health care provider
- To receive appropriate referral to other health care professionals and services
- To have prescriptions filled at a pharmacy of your choice
- To Health Care Directives that legally allow you to name someone you trust to make health care decisions when you cannot, and it allows you to predetermine what kinds of medical treatment you want or do not want. To complete Advanced Directives please visit www.ndmed.org
- To receive information in a manner you understand including language, interpretation, and translation

Your responsibilities:

- To inform your provider about any living will, medical power of attorney, or other directive that could affect your care
- To provide complete and accurate information about your medical health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities
- To ask about anything you do not understand
- To know the names, purposes, and effects of medications prescribed to you
- To follow the treatment plan and to advise the health care provider if you do not think you will be able to follow it
- To report any significant changes in symptoms or failure to improve
- To be aware of the consequences of not following the recommended treatment plan
- To be respectful of all Student Health Services staff, patients, and visitors
- To keep appointments or cancel in a timely manner
- To accept personal financial responsibility for any charges not covered by your insurance
- To provide a responsible adult to provide transportation home and to remain with you as directed by the provider or as indicated on discharge instructions

A patient satisfaction survey will be sent to you by email following your visit at UND Student Health Services. Should you have any concerns about the care of service you have received, you are encouraged to speak to the health care provider or staff member involved in your care. If you prefer, you may speak to the Director or Associate Director of Student Health Services, call 701-777-4500, or express your concerns by visiting the UND Student Health Services webpage: <http://und.edu/health-wellness/student-health/>

UND Student Health reserves the right to refuse treatment to any student who abuses their rights and responsibilities. If you have any questions or comments regarding this notice, please contact the SHS Director or Associate Director.