RIGHTS AND RESPONSIBILITIES

Boise State University Health Services is committed to supporting and protecting the rights of each of our patient/clients. With these rights also come patient/client responsibilities. Active participation in your health care will assure the best outcomes.

PATIENT/CLIENT RIGHTS:
- To accept or refuse any care or treatment and understand the implication of refusal
- To receive fair and equal treatment in all circumstances regardless of your age, race, gender, sexual orientation, or religion
- To be treated with respect, consideration, and dignity
- To receive care in a safe environment
- To privacy of care
- To be informed of your provider’s training status, including the limitations and restrictions of services
- To participate in decisions about your care and treatment
- To receive accurate, easily understood information about your health care concerns and the care you are receiving
- To be informed of the purpose, goals, techniques, procedures, limitations, potential risks, and benefits to treatment
- To ask questions about techniques and strategies used
- To work with your provider on a treatment plan you are comfortable with and will adhere to
- To receive education and counseling
- To request to transfer to another provider, when appropriate
- To confidentiality of your records
- To access your medical records
- To have your concerns heard and reviewed in an objective and timely manner
- To receive a copy of this consent form
- To file a complaint without retaliation

PATIENT/CLIENT RESPONSIBILITIES:
- To provide accurate information regarding your health history
- To be active in making decisions regarding your care
- To ask questions to seek clarification if you do not understand your treatment plan
- To follow the treatment plan prescribed by your health care provider
- To show courtesy and respect to health care personnel and other patient/clients
- To keep your appointments and arrive on-time
- To cancel or reschedule as far in advance as possible so that the time may be used to treat other patient/clients
- To communicate with your provider if your condition worsens or does not follow the expected course
- To provide useful feedback about services and policies
- To provide accurate information about sources of payment
- To fulfill your financial obligations and to pay for care as promptly as possible
- To inform your health care provider of any advanced directives that could affect your care

Revised Aug. 2017
Providers at Boise State University Health Services also have certain rights and responsibilities related to the care they provide to patients/clients. Creating a mutually respectful relationship with your provider will enhance the care you receive.

**PROVIDER RIGHTS:**

- To establish and maintain mutually respectful relationships with their patients/clients
- To consult with other medical and mental health providers within Health Services, when needed, in order to provide the best care for the patient/client
- To terminate a relationship with a patient/client if that patient/client’s care is outside of the provider’s scope of practice, or if the patient/client displays disruptive behavior, is a safety concern, or creates an ethical dilemma. In these cases, patients/clients will be provided appropriate referrals that would best meet their needs

**PROVIDER RESPONSIBILITIES:**

- To adhere to all statutes, licensing board rules, and codes of ethics in the provider’s field of practice
- To present patients/clients documents related to professional qualifications upon request
- To provide quality services and involve patients/clients in their plan development and evaluation of treatment goals
- To ensure confidentiality of their patient/client’s clinical information whenever possible
- To inform the patient/client of provider qualifications, professional disciplines, areas of expertise, and to practice within those standards
- To demonstrate respect regardless of a patient/client’s age, race, ethnicity, gender, sexual orientation, religion, and socio-economic status

I have read and understand the rights afforded to me as a patient/client and the responsibilities I have while I receive care.

___________________________________________________  ______________
Printed Patient/Client Name                          Date

___________________________________________________  ______________
Patient/Client Signature                            University ID Number