

PATIENT RIGHTS, RESPONSIBILITIES & CONSENT FOR TREATMENT

You have the **RIGHT** to...

1. Be treated with respect, consideration and dignity without regard to race, national origin, age, gender, sexual orientation, religion, political belief, or handicap.
2. Privacy regarding all aspects of your treatment at check-in and in evaluation and treatment areas.
3. Request and receive information concerning your diagnosis, evaluation, treatment and prognosis, in easily understandable terms. This includes your right to review your medical record and/or receive a copy of it. When it is medically inadvisable to give such information to you, such as being physically, mentally or emotionally incapacitated, the information will be provided to a person designated by you or to a legally authorized person.
4. Receive interpretation services upon request.
5. Have the opportunity to participate in decisions involving your health care, except when such participation is contraindicated for medical reasons, such as being physically, mentally or emotionally incapacitated.
6. Change health care providers if other qualified health care providers are available.
7. Be informed regarding your treating professional's credentials.
8. Receive and review a current copy of the NOTICE OF PRIVACY PRACTICES. It can be found at studenthealth.uwosh.edu which is updated as indicated.
9. Reasonable response to your request for services, to offer suggestions for improving services, to file a grievance, information on procedures for filing a grievance and how to make external appeals. Procedures for expressing suggestions, complaints and grievances are posted on our website or are available with the receptionist.
10. Utilize the Student Health Center website at studenthealth.uwosh.edu for information regarding all services offered in this clinic.
11. Receive an estimation of fees incurred at your visit prior to the fee being assessed to your account.
12. Expect that when we are not open, you will have information on how to access urgent or emergency care.

You have the **RESPONSIBILITY** to:

- Provide complete and accurate information to the best of your ability about your health; medications, including over-the-counter products and dietary supplements; and any allergies or sensitivities you may have.
- Follow the agreed-upon treatment plan prescribed by your provider and participate in your care.
- Provide a responsible adult to transport you home from our facility and remain with you as directed by the provider.
- Inform your provider about any living will, medical power of attorney, or other directives that could affect your care.
- Accept personal financial responsibility for any charges (payable by TITANCARD or student account).
- Be respectful of all health care professionals and staff, as well as other patients.

CONSENT FOR TREATMENT

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that the Notice of Privacy Practices can be printed from the Student Health Center (SHC) website should I want a copy for my records. I have also been given a chance to discuss my concerns and questions about the privacy of my health information. I understand that if I have further questions or concerns, I may contact Pamela MacWilliams, UW Oshkosh Student Health Center Director, at 920.424.2424 for clarification.

PROMPT SERVICE

SHC strives to be prompt, but occasionally appointment delays occur. If I am experiencing an urgent problem, I should inform SHC staff immediately. I may be able to receive services on a same-day appointment basis by calling 920.424.2424. Staff are available by phone and in person to answer my questions. Clinic hours are posted on the SHC website at studenthealth.uwosh.edu.

APPOINTMENT CONFIRMATION AND REMINDER

An automatic UW Oshkosh email confirmation will be sent to my student email immediately upon scheduling each appointment and a follow-up reminder will be sent 24 hours prior to my scheduled appointment time.

SECURE MESSAGING

Secure messaging is the primary means of contact with patients, and I agree to read and respond to all secure messages sent to me in a timely manner. I will utilize shcportal.uwosh.edu to request prescription refills, to ask questions regarding my health, to schedule appointments, to access my test results, and to ask questions about my health or request medical records.

FINANCIAL RESPONSIBILITY

I can request an estimate of charges prior to the rendering of any services. I am responsible to pay for any and all services rendered at SHC. Payment can be made on the day of service by Titan Card. Payment, if not received on day of service, will be charged to my student account. SHC does not bill insurance companies. I can ask for a copy of the Patient Receipt to send to my own insurance company.

NO SHOW / MISSED APPOINTMENT FEES

I understand that my appointment time is reserved exclusively for me. If I miss or arrive late for an appointment or do not call to cancel an appointment, a no show fee will be charged to my student account.

MENTAL HEALTH COUNSELING

If I receive Psychiatry services, my initial session will be devoted to defining my concerns as clearly as possible to determine how SHC services can best meet my needs. If I miss, or do not call to cancel, an appointment, the no show fee will be applied to my student account. I agree to follow the treatment plan prescribed by my healthcare provider and will participate in ongoing care.

MEDICAL EMERGENCIES

SHC is not an emergency facility. For a **medical emergency** (threat to life, limb or function) I will call 911 to access the Winnebago County emergency line. If I have health questions when Student Health is closed, I will call my own healthcare provider or Ascension Medical Group Urgent Care (920)223-7300 or Aurora Medical Center Walk-in Clinic (920)303-8700. If I have a mental health crisis I will call the Winnebago County Crisis Intervention Helpline at (920)233-7707.

NOTICE OF RECORD DESTRUCTION POLICY

I acknowledge and accept the following process for the destruction of my medical record. All medical records will be maintained according to state and federal laws. In accordance, it is the policy of the UW Oshkosh Student Health Center to destroy medical records ten years after my last visit. A process for confidential record destruction will be utilized that will ensure that my medical record is destroyed in such a way to prevent any possibility of reconstruction of the information. A "Record Destruction Log" will be maintained which will individually list all medical records destroyed.

ADVANCE DIRECTIVES

The Patient Self Determination Act (PSDA) requires SHC to provide written information about Advanced Directives. A copy of Wisconsin Advanced Directives may be downloaded from www.dhs.wisconsin.gov/forms/advdirectives/index.htm.

By acknowledging and electronically signing this form on the SHC web portal, I indicate I have read and understand the form in its entirety. Consent is also given to the care plan as explained to me by my healthcare provider. If desired, I may print a copy of this form for my records.