1. Your individual treatment at this facility will be provided with consideration and respect.

2. Your privacy will be kept confidential by the healthcare providers involved with your care. Also, 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. (For specific details, see the HIPAA Notice of Privacy Practices brochure).

3. You will know the identity and professional title of the person(s) providing care for you at the Student Health Center.

4. You will receive from your clinician complete and current information regarding 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 healthcare.

5. 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.

6. You will be informed if your care includes experimental research and you have the right to refuse to participate in such research.

7. You have the right to expect reasonable continuity of care, within the limitations of available appointment times and clinicians. You have the right to change providers if another qualified provider is available.

8. You have the right to visit the Health Center Business Office (Rm 138) to learn office visit and procedure costs. If desired, you may visit that office for an explanation of any bill which you receive from the Health Center.

9. The medical record is a documentation of the treatment and procedures provided at the Health Center. These records are the property of the Health Center. If you wish to know about the contents of your medical record, transfer your records, or desire a copy, please ask for the Health Information Management Department.

10. If you feel you have been treated unfairly or improperly, you have the right to voice your grievance either in person or via the suggestion boxes found across from the Check-Out counter. Should you wish to voice your grievance personally, and it is medical in nature, you should make an appointment to see the Patient Services Representative (765-494-1720). If it is in regards to a billing or payment dispute, please contact the Business Administrator (765-494-1719). Same day appointments are usually available.
1. You are responsible for keeping your appointments at the Health Center. If you cannot keep an appointment, it is your responsibility to notify the Appointment Desk as early as possible so that another patient can be seen during that time.

2. You have the responsibility to treat healthcare professionals, staff, and other patients with the same respect and consideration you wish for yourself.

3. You are responsible for being honest and direct about anything related to your healthcare.

4. You are responsible for understanding your health problems. If you do not understand your illness or treatment, it is your responsibility to ask your clinician about it.

5. It is your responsibility to tell your clinician if you are not able or willing to follow the treatment plan prescribed for you.

6. It is your responsibility to inform your provider about any living will, medical power of attorney, or other directive that could affect your care.

7. It is your responsibility to know the names and uses of the medications you are taking.

8. It is your responsibility to tell your clinician about any changes in your health.

9. It is your responsibility to arrange for transportation home from the Health Center and have someone remain with you for twenty-four (24) hours, if required by your provider.

7/2011