

KU PATIENT RIGHTS AND RESPONSIBILITIES

As a client at Clinical Services:

- You have the **right** to quality health care.
- You have the **right** to be treated with respect, consideration, & dignity.
- You have the **right** to be treated in a manner which does not discriminate against any person because of age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation or veteran's status.
- You have the **right** to request a specific health care provider at the University's Clinical Services and to change providers if you so desire.
- You have the **right** to participate in decisions concerning your health care.
- You have the **right** to accurate information concerning diagnosis, treatment, and prognosis of an illness or health-related condition.
- You have the **right** to a second opinion or referral.
- You have the **right** to privacy during medical care.
- You have the **right** to confidentiality of all communications with staff and confidentiality of the medical record, and the right to approve or refuse release of information to the fullest extent provided by law.
- You have the **right** to refuse recommendations for medical care.
- You have the **right** to request an interpreter or request staff to utilize an online translation program during your visit. Kutztown University uses:
 1. Berks Deaf & Hard of Hearing Services 2045 Centre Ave. Reading, PA 19605
Phone 610-685-4523, VP 484-388-4086, Fax 610-685-4526, www.bdhs.org
- You have the **responsibility** to arrive as scheduled for appointments and to notify the clinic in advance in case of canceled appointments.
- You have the **responsibility** to provide full information about your illness or health problem to assure proper evaluation and treatment including:
 1. Provide complete and accurate information to the best of their ability about their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
 2. Follow the agreed-upon treatment plan prescribed by their provider and participate in their care.
 3. Provide a responsible adult to provide transportation home and to remain with them as directed by the provider or as indicated on discharge instructions.
 4. Accept personal financial responsibility for any charges not covered by the health center fee or insurance plan.
 5. Behave respectfully toward all health care professionals and staff, as well as other patients and visitors.
- You have the **responsibility** to ask sufficient questions to ensure understanding of your illness or problem, as well as your provider's recommendations for continuing care.
- You have the **responsibility** to become informed through available printed material and/or discussion with the Clinical Services' staff about the scope of basic services offered, their cost and the necessity for additional medical insurance.
- You have the **responsibility** to communicate with your provider if the condition does not improve or follow the expected course.
- You have the **responsibility** to maintain a healthy lifestyle.
- You have the **right** and the **responsibility** to bring forward suggestions or grievances about the University's Clinical Services. This includes the **right** to receive a personal response.
 1. Director of Health & Wellness Services: 610-683-4652
 2. PA State Medical Board: Toll Free 1-833-367-2762