



UNIVERSALITY HEALTH CARE CLINIC

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

At universality Health Care strives to provide comprehensive, quality healthcare in a spirit of personal care, safety, and concern. Patients and their significant other have the responsibility to make decisions regarding the patients' healthcare and have the right to:

- The Right to Be Treated with Respect.
- The Right to Obtain Medical Records.
- The Right to Privacy of Medical Records.
- The Right to Make a Treatment Choice.
- The Right to Informed Consent.
- The Right to Refuse Treatment.
- The Right to Make Decisions About End-of-Life Care.

The patient has responsibilities to:

- Keep appointments and notify clinic personnel 24 hours prior if unable to keep a scheduled appointment.
- Be involved and follow the plan of care.
- Provide a complete medical history, medications, and other matters relating to the patient's health.
- Inform the provider of any changes in health conditions.
- Ask questions about specific problems and request information about illness or treatment.
- Universality Health Care is not liable for health care outcomes when one refuses to follow recommended treatment plans
- Pay any non-covered or denied charges and for co-pays, deductibles, and coinsurance not covered by your insurance.
- Attend therapy sessions for dual diagnosis and patients that are on controlled substances.
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HIPPA Regulations.

PATIENT INFORMATION CAN BE Used OR SHARE FOR THE FOLLOWING PURPOSES

- Treatment and care coordination
- Third-party insurance payers
- Families and friends identified in the release of information form
- Protection of public health by reporting safety issues, suicidal and homicidal information verbalized by patients, or data on patient records to the necessary agencies
- To make required reports to the police, such as reporting gunshot wounds
- Health information can only be used or shared with written permission.
- Universality Health care will release patient information only by court order or approved governmental agencies without signed release of information

PATIENT INFORMATION WILL NOT BE SHARED FOR THE FOLLOWING PURPOSES:

- Patient employers, unless there is a release of information form signed by the patient on file
- Patient information will not be used for marketing or advertising purposes

Patient'/Authorized signer name/ Signature/date