Your Rights and Responsibilities

You have the right to:

• **Participate in your health care.** This includes the right to receive the current and complete information you need in order to accept or refuse a recommended treatment. Emergencies or other circumstances occasionally may limit your participation in a treatment decision. In general, however, you will not receive any medical treatment before you or your legal representative gives consent. You have the right to be informed about and refuse to participate in experimental care proposed by your health care provider.

• **Receive information about the people who provide your health care.** You are entitled to know the name and professional status of the individuals who provide service or treatment to you.

• **Receive considerate, respectful care.** We respect your personal preferences and values.

• **Be assured impartial access to treatment.** You have the right to all medically indicated treatment, regardless of your race, religion, sex, sexual orientation, national origin, cultural background, disability or financial status. You have the right to be treated with respect and recognition of your dignity and need for privacy. HCHS will not release your medical information without your authorization, except as required or permitted by law or as required in the administration of our agreement with you. Provisions are available through the HCHS office for release of information.

• **Have a safe, secure, clean and accessible environment.**

• **Participate in your health care provider selection.** You have the right to select and to change health care providers within HCHS.

• **Be assured impartial access to treatment.** You have the right to all medically indicated treatment, regardless of your race, religion, sex, sexual orientation, national origin, cultural background, disability or financial status. You have the right to be treated with respect and recognition of your dignity and need for privacy. HCHS will not release your medical information without your authorization, except as required or permitted by law or as required in the administration of our agreement with you. Provisions are available through the HCHS office for release of information. You have the right to participate in decisions concerning your medical care.

You are responsible for:

• **Knowing the extent and limitations of your health care benefits.** An explanation of these is contained in your plan information. For students with the school insurance, complete policy information is available at [www.gallagherkoster.com](http://www.gallagherkoster.com). For students with other insurance plans, please consult your policy.

• **Identifying yourself and providing accurate and complete information.** You are responsible for providing accurate information about your present and past medical condition, as you understand it. You should report unexpected changes in your condition to your health care provider.

• **Keeping appointments.** You are responsible for promptly canceling any appointment that you do not need or cannot keep.

• **Following the treatment plan you and your health care provider agree to.** Inform your health care provider if you do not clearly understand your treatment plan and what is expected of you. If you believe you cannot follow through with your treatment, you are responsible for telling your health care provider.

• **Recognizing the effect of your lifestyle on your health.** Your health depends not just on care provided by HCHS but also on the decisions you make in your daily life, such as smoking or ignoring care recommendations.

• **Being considerate of others.** Be considerate of health care professionals, staff and other patients. You should respect the property of HCHS and the property of others.

• **Fulfilling financial obligations.** You are responsible for paying any money you owe to HCHS on time, and as required. An explanation of your obligations is outlined in health plan information.