

## **Patient Bill of Rights and Responsibilities**

### **Patient Rights**

- Receive high-quality, considerate, and compassionate care
- Be treated with respect and courtesy
- Have your information kept private and confidential except as described in the IUSM Mental Health Services HIPAA Privacy Practice
- Be listened to and have staff work with you to make a plan to address your concerns and needs
- Receive service in offices that are safe, clean and accessible
- Get information and support to help you make decisions to improve your situation
- Be served without discrimination
- Discuss your service with staff to identify if it is working for you and express any questions or complaints that you may have
- Report unethical and illegal behavior by a therapist
- Request and receive full information about the clinician's professional capabilities including licensure, education, training, experience, professional associations, specializations, and limitations
- Refuse or request electronic recording
- Refuse to answer any questions or disclose any information you choose not to reveal
- Know if there are supervisors, consultants, students or others with whom your therapist will discuss your case
- Request and receive information regarding your diagnosis, progress, and treatment planning
- Request a transfer of a copy of your file to another clinician or agency
- Receive a second opinion at any time about your treatment
- Request a change of staff member if there is another staff person available who can address your issues and your request is reasonable. Discriminatory requests will not be considered.

### **Patient Responsibilities**

- Treat the staff and others at IUSM Mental Health Services with courtesy and respect
- Be considerate of the privacy of others
- Provide complete and accurate information about your health and history
- Ask your healthcare provider about your health and treatment
- Ask questions if you do not understand information or instructions
- Collaborate with your provider in making a treatment plan
- Accept responsibility for keeping appointments and contacting us 24 hours in advance if you cannot keep your appointment
- Accept personal financial responsibility for any charges not covered by insurance