

**MCNEESE STATE UNIVERSITY STUDENT HEALTH CENTER
BOX 90735 LAKE CHARLES, LA 70609**

PATIENT'S BILL OF RIGHTS

The staff of the Student Health Center is committed to providing you with excellent care. It has always been our policy to respectfully provide appropriate treatment and to protect your right to privacy while providing care to you. Below you will find the considerations you are given.

- 1.** You have the right to express concerns regarding the treatment/care you are given at the Student Health Center. If the staff is unable to resolve your concerns, you may contact the Office of Student Services at 337-475-5706.
- 2.** You have the right to the care medically indicated for your problem. Services will be provided to you regardless of your race, color, age, religion, or national origin.
- 3.** You have the right to be treated respectfully by others, and to be addressed by your proper name and without questions to receive appropriate and helpful response.
- 4.** You have the right to expect that your individuality will be respected and the difference in cultural and educational background will be considered so far as it is practical.
- 5.** You have the right to personal privacy and confidentiality. You should be able to talk with the doctor, nurse or other member of the office staff in private, and to know that the information you supply will not be overheard nor given to others without your permission. In this facility, you can expect a reasonable attempt to keep conversations private. When you are examined, you are entitled to privacy, to know the role of any observer unrelated to your care, and to have them leave if you so request. Your medical records are confidential, and no person or agency beyond those caring for you should learn the information in your medical record without your specific permission.
- 6.** You have the right to be fully informed of your medical condition, to know the name of the doctor who is responsible for your care, to receive all the information necessary to you to understand your medical condition, the plan for treatment, and the prognosis for your future. You have the right to ask questions of the doctor regarding your condition. You have the right to have an explanation of any research study before you agree to participate in it. If you agree to certain tests and therapeutic procedures recommended by your doctor, you may be asked to sign a consent form.
- 7.** You have the right to make informed decisions regarding your care. You also have the right to request or refuse treatment. You have the right to formulate advance directives and to have the doctors and staff comply with those directives.
- 8.** You have the right to receive care in a safe setting.
- 9.** You have the right to receive appropriate assessment and management of pain.
- 10.** You have the right to be free from mental/physical abuse, chemical and physical restraints, except in an emergency and as authorized by your physician for a specified and limited time period.

