Expect reasonable continuity of care and be informed, by the person responsible for your health care, of possible continuing health care requirements as follow-up if any.

Examine and receive, upon request, an itemized explanation of any bill, regardless of source of payment.

Acquire health care without discrimination as to race, color, religion, sex, national origin, source of payment, political belief, or disability.

Resolve complaints/grievances relating to the quality of care through the patient contact representative, University Health Center Director. If this does not resolve the complaint/grievance to your satisfaction, the office of Student Affairs will be utilized to mediate the problem for further resolution.

RESPONSIBILITIES OF PATIENTS:
The University Health Center believes that health care for the patient is a partnership between the University Health Center professional health care provider and patient. The University Health Center has responsibilities ensuring the rights of patients. Likewise, the patient has responsibilities:

Provide accurate information regarding his/her health history and change in health status while undergoing health care/treatment.

Inform the person providing care if he/she does not comprehend his/her treatment/care or what is expected of him/her in carrying out a plan of care, including referral.

Carry out the agreed plan of care/treatment as recommended by the health care provider and keep follow-up appointments, or to notify his/her health care provider when unable to do so.

Accept any consequences of his/her action if he/she refuses the care/treatment, or does not carry out a plan of care/treatment or recommendation by health care provider.

Complete arrangements for the financial expenses of his/her care in the event of associated cost for lab work, medication, referrals, etc.

Conduct oneself in a respectful manner which gives consideration to other patients and to health services personnel.

FURTHER ASSISTANCE
Celeste Kendrick, Director UHC, is the designated privacy official for the University Health Center and is responsible for receiving complaints covered by this notice.

Call 825-2601 for more information

University Health Center
6300 Ocean Drive, Sandpiper Bldg
Corpus Christi, Texas 78412
Phone (361) 825-2601
Fax (361) 825-6030

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
NOTICE OF PRIVACY PRACTICES

As required by law, all patient information collected by the University Health Center is solely for the purpose of treatment, payment, and health care operations. Any other uses of your personal health information will be made only with your written authorization or where required by law. After such authorization for the use of your medical information, you may revoke the authorization at any time.

Release of information: Your signature on the Patient Care Authorization permits the University Health Center to release any medical information in connection with these services for health insurance purposes, when applicable, or to your personal or referral provider.

Health Care operations: The University Health Center collects patient information for the use of statistical purposes to determine trends in the use of services, changing needs of the target population and evaluation of services provided (quality assurance practices).

With few exceptions you have the right to request, receive, review, and correct information about yourself collected using any forms maintained in your health record. The health record itself is and shall remain the property of the University Health Center.

CONSENT TO TREATMENT

Your signature on the Patient Care Authorization form gives permission for the employees of this clinic to use your protected health information to provide you with medical care and treatment. You may choose to revoke this authorization at any time and must do so in writing. Consent may be deferred in case of emergencies until you are stabilized.

REQUESTING YOUR INFORMATION

You will need to complete a release of information and submit it to the University Health Center per confidentiality policy. Please allow at least 24 hours to process your requests. Any other requests to review or correct your information are submit in writing to the Director, University Health Center for consideration.

PATIENT RIGHTS & RESPONSIBILITIES

PATIENT RIGHTS

The University Health Center adopts and affirms as departmental policy the following rights and responsibilities of patients who receive services at the facility:

- Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergency situations.
- Refuse treatment and be informed of the medical or other consequences of your action.
- Obtain privacy consistent with adequate medical or health care. Case discussion, consultations, examinations, and or treatment will be confidential and conducted discreetly.
- Obtain privacy and confidentiality of all records pertaining to your healthcare/treatment, except otherwise provided by law or third party payment contract.
- Receive a reasonable response to your request for services customarily rendered by the facility and consistent with your health care/treatment.
- Expect reasonable continuity of care and be informed, by the person responsible for your health care, of possible continuing health care requirements as follow-up if any.