



Alabama A & M University
John and Ella Byrd McCain
Health and Counseling Services

4011 Meridian Street
Normal, AL 35762
(256) 372-5601

PATIENT RIGHTS AND RESPONSIBILITIES

You Have a Right to:

- Receive considerate, safe, and respectful care regardless of age, race, creed, disabling condition, gender, national origin, religion, social status, sexual orientation
- Receive private and confidential care, except in the case of an emergency, court order, threat of self-harm or harm to others, or evidence of child abuse or neglect
- Know who is responsible for coordinating your care
- As for and receive complete and understandable information about the care you received, including your diagnosis, evaluation, prognosis and any risks involved
- Participate in decisions regarding your care
- Provide us with a copy of your Advance Directive for Healthcare or Living Will
- Access your medical record under the discretion of you provider
- Receive an explanation of your bill
- Change your primary care provider if other qualified providers are available
- Exercise your cultural and spiritual beliefs
- Voice concerns to administration and clinic staff
- Access to the compliant and grievance process

You Have a Responsibility to:

- Keep your appointments or cancel them in a timely manner
- Provide complete and accurate information about your health, including medications taken, over the counter products, supplements, and any allergic or sensitivities
- Ask questions when you are in doubt
- Communicate changes in your health and/or condition to your provider
- Accept personal responsibility for charges not covered by your insurance
- Follow your health care provider's instructions or discuss with them any obstacles you may have in complying with your prescribed treatment plan
- Accept responsibility for refusing treatment or not following your treatment plan
- Show respect and consideration for others around you, including other patients and staff
- Follow all policies affecting patient conduct and care
- Inform your provider about any living will, medical power of attorney, or other directive that could affect you care

Consent for Treatment

I am fully aware of the benefits and risks associated with receiving treatment from the Health and Counseling Services Center. I voluntarily give my consent to receive treatment from the health and counseling services center. I understand that my information will be kept private and confidential. However, my case may be discussed with other Alabama A &

M professional staff, practicum and internship students for the purpose of consultation, supervision, Behavioral Intervention Team (BIT) staffing, or treatment team planning.

Consent for Follow Up

I may be contacted, during my treatment of the aftercare follow-up concerning the services(s) I received or have received at the Health and Counseling Services to help evaluate program and treatment effectiveness. If I am contacted after my treatment at the Health and Counseling Center, it will be within one year of my discontinuation of services.

I that once I have withdrawn, graduate, or my chart has been closed, there will be no understood or implied professional relationship between me and the Health and Counseling Services Center.

I have been offered a copy of the Health and Counseling Services' Notice of Privacy Practices.

By signing below, I have read and fully understand all the above information and agree to receive services.

Patient Signature

Date

Witness Signature

Date