



EU PATIENT RIGHTS AND RESPONSIBILITIES

You have the right to:

- Receive respectful and considerate care.
- Know the names and positions of your caretakers.
- Receive an explanation of your diagnosis, treatment and prognosis in layman's terms.
- Refuse treatment, except as prohibited by law, and to be informed of the consequences of such refusal.
- Request and receive an explanation of any charges incurred while in the SHC.
- Obtain a paper copy of the notice of information practices upon request.
- Request a restriction on certain uses and disclosures of your PHI: we are not required to agree with your request. If we do not agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- Inspect and obtain a copy of your health records.
- Request an amendment to your health records.
- Obtain an accounting of disclosures of your health information.
- Request communication of your health information in a certain way or at a certain location. For example, you can ask that we use an alternative address for billing purposes.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Privacy Right of Minors:

Situations that do not require a parent or other person to control the minor's health care decisions, and thus, does not control the PHI related to that care:

- PA law permits a minor to consent to all medical, dental and other health services, except abortion, if the minor has: (1) graduated from high school, (2) been married, and (3) been pregnant.
- PA law permits a minor to consent to family planning and mental health treatment.
- When the minor obtains care at the direction of a court or a person appointed by the court.
- When the parent agrees that the minor and the health care provider have a confidential relationship.

To exercise any of your rights, please submit your request in writing.

Your responsibilities are:

- To provide accurate personal and health history information necessary to complete your medical records.
- To ask questions pertaining to your understanding of your care, treatment or charges billed to you.
- To know and understand your health insurance plan (especially if you are coming from out of state into PA).

Our duties are:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect about you through this notice.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you have to communicate health information by alternative means or at alternative locations.

Filing Complaints

If there is a concern about the process by which Eastern University's SHC allowed access to your health records or has violated your right to privacy you may contact:

Director of the Student Health Center

Eastern University

1300 Eagle Road

St. Davids, PA 19087

U.S Department of Human Services

200 Independence Avenue

Room 509F, HHH Building

Washington, D.C. 20201

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