

## **Student Health & Counseling (SHAC)**

MSC06 3870, 1 University of New Mexico

Albuquerque, NM 87131-0001

## **Patient Rights & Responsibilities**

UNM Student Health & Counseling (SHAC) provides quality health care in a manner that clearly recognizes therights and responsibilities of the individual in an effort to foster student success.

Patients	have the	RIGHT:
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	To be treated with respect, consideration, compassion, care, and dignity;
	To confidentiality of all records and services rendered and to have the opportunity to approve or refuse
	release of records, except when release is required by law;
	To privacy during examinations, treatments, discussions, and consultations regarding health care;
	To be provided, to the degree known, complete information concerning diagnosis, evaluation, and
	treatment, including instructions for self-care/follow-up care, and prognosis; and, when it is medically
	inadvisable to give this information to a patient, the information is to be provided to a person designated
	by the patient or to a legally authorized person;
	To be given explanations about medical procedures including all possible risks, consequences, and benefits in a timely manner;
	To participate in decisions pertaining to their health care, except when such participation is contraindicated for medical reasons;
	To refuse to be examined or treated by healthcare providers and to be informed of the consequences of such a decision;
	To request a change of healthcare provider if other qualified healthcare providers are available;
	To information concerning: patient rights and responsibilities, available services, provision for after-hours
	and emergency care, fees for services, payment policies, data contained in their medical record, and the
	credentials of SHAC healthcare providers;
	To translation and interpretation services to help communication among patients, their families or
	representatives, and SHAC healthcare providers and staff;
	To information about procedures for expressing suggestions, complaints, and grievances, including
	those required by law;
	To communicate any violation of these rights to SHAC Administration in person, in writing, or via a post-
	encounter online survey.
Patien	ts have the <u>RESPONSIBILITY</u> :
	To provide SHAC with accurate information about their current health, past illnesses, chronic conditions,
	hospitalizations, medications including over the counter (OTC) products and dietary supplements,
	allergies or sensitivities;
	To follow medical advice for treatment/follow-up care and to participate in their care; and to accept
	responsibility for health consequences if medical advice is not followed;
	To follow all University and SHAC safety guidelines and policies, including COVID-19 safe
	practices;
	To ask questions if they do not understand directions given by the healthcare provider;
	To accept personal financial responsibility for any charges incurred, including service fees and co-pays;
	and to actively seek clarification of any aspect of participation in SHAC programs and services, including
	costs, which they do not understand;
	To keep and be punctual for all appointments, or to notify SHAC by 3:00 PM on the previous business
	day to avoid a "no show" or "late cancellation" fee;
	To be respectful and courteous to all SHAC healthcare professionals and staff, as well as other patients / students;
	To keep cell phones turned off at each visit to SHAC;
П	To provide valid student identification at each visit to SHAC;
	To inform their provider about any living will, medical power of attorney, or other directive that could affect care;
	To secure transport and care from a responsible adult and remain with him/her/them as directed by
	healthcare provider or as indicated on discharge instructions
	To respect the policies and guidelines of UNM Student Health & Counseling (SHAC).

## **General Information About SHAC Services**

- Records and Access to Records: Your medical record belongs to SHAC. It is maintained for 10 years after your last date of service and then destroyed. The information in the record can be released to you or a third party by signing an authorization to release the information. Copying fees will apply when requesting information for yourself, insurance companies, or attorneys. You may review your record by scheduling an appointment with a provider. If you disagree with anything in your record, you may request an amendment. However, SHAC does not have to accept the amendment.
- <u>Eligibility and Insurance</u>: SHAC is available to all enrolled UNM students. You do not need health insurance to be seen at SHAC. SHAC is contracted with <u>some</u> commercial insurance carriers and Centennial Care plans, and UNM Student Health Insurance. Please provide your insurance card at time of registration. You are responsible for updating insurance information if it changes.
- <u>Fees</u>: You will be charged a fee for each visit. All other services (e.g., lab work, x-ray, and pharmacy) are separate. All appointments must be canceled by 3:00 PM on the previous business day to avoid a "no-show" or "late cancellation" fee. After-hours cancellation messages may be left on the main SHAC phone line at (505) 277-3136. Insurance does not cover "no-show" or "late cancellation" charges.
- <u>Financial Responsibility</u>: You have the financial responsibility for any charges not covered by your insurance. All charges not paid for at the time of service and not covered by your insurance will be charged to your UNM Bursar account. **Past-due Bursar accounts are subject to service charges, account holds, and the possibility of being sent to a collection agency.**
- Students in Clinical Health Care Programs (ex: SOM, CON, COP, SLP).
   This form authorizes UNM Student Health & Counseling (SHAC) to send documentation related to clinical compliance to your academic department. Only documents that are specifically required for clinical rotations and/or your academic program are included in this authorization for release of information. Such records can include immunization records, lab titer results, urine drug screenings, tuberculosis (TB) screening, or department generated compliance letters.
  - Acknowledgement: By electronically signing this form, you acknowledge that you have read the preceding information, that you understand your rights and responsibilities and general information, and that you have received a copy of this document.
  - Consent: By electronically signing this form, you give consent to SHAC, its providers, contractors, and employees, to provide medical and/or counseling services and to administer physician orders and retrieve and review your medical records. You further authorize UNM SHAC to furnish information to insurance carriers and referring physicians concerning your illness and treatment for continuity of care and payment of services.