It is your responsibility to:

- Give correct and complete information about your health status and health history.
- Ask questions if you do not understand information or instructions.
- Inform your caregivers if you do not intend to or cannot follow the treatment plan.
- Accept health consequences that may occur if you decide to refuse treatment or instructions.
- Cooperate with your caregivers.
- Respect the rights and property of other patients.
- Tell your caregivers of any medications you brought from home.
- Report any changes in your health to your caregivers.
- Submit information and forms necessary to participate in the Patient Management Program, to the extent required by law.
- Give accurate clinical and contact information and to notify the Specialty Pharmacy Services Patient Management Program of changes in this information.
- Notify your medical provider of your participation in the University of Utah Specialty Pharmacy Services, Patient Management Program.

You have the right to:

- Decline participation, revoke consent, or disenroll at any point in time.
- Know about the philosophy and characteristics of the patient management program.
- Have personal health information shared with the patient management program only in accordance with state and federal law.
- Identify the program's staff members, including their name and job title, and to speak with a staff member's supervisor if requested.
- Speak to a health professional.
- Receive information about the Patient Management Program.
- Receive administrative information regarding changes in, or termination of, the Patient Management Program.
- Receive a referral or transfer assistance to a specialty pharmacy service provider of your choice.
- Receive upon request evidence-based information for clinical decisions (manufacturer package insert, published practice guidelines, peer reviewed journals, etc.) including the level of evidence describing the process for intervention where there is no evidence-based research, conflicting evidence or no evidence.
- Be involved with your care through discussions with your caregivers.
- Be informed about your health status, recommended treatments, options, risks and benefits of your treatment options, and agree to or refuse a course of action.
- Seek an alternate doctor or ask for a second opinion.

Respect and Privacy

- Respect in a caring and safe environment.
- Personal privacy and confidentiality of your health information.

Quality Care

- Proper evaluation and treatment.
- Proper pain assessment and pain management.
- Be free from restraints, except when needed to protect you or others from harm.
- Be free from abuse and harassment.
- Have access to protective services.
- Spiritual services upon request.
- Have your concerns heard and resolved when possible. If you have concerns about your care, contact your caregivers or a supervisor. If you are not happy with how your concern is resolved, contact Customer Service at (801) 581-2668. You may also file a complaint with the Utah Department of Health by calling 1-800-999-7339, or by calling DNV Healthcare at 1-866-523-6842, or write to: Utah Bureau of Health Facility Licensing, Certification, and Resident Assessment, PO Box 144103, Salt Lake City, Utah 84114.

Information & Communication

- Communicate with your caregivers in a language or method you can understand.
- Have your personal physician and a person of your choice notified when you are admitted to the hospital.
- Communicate with people outside the hospital by way of visitors, phone, and mail, except when doing so would interfere with your care. Any restrictions will be explained to you.
- Information about the costs of your care and payment methods.
- Review and receive a copy of your medical record, subject to state law and hospital policy.

Make Decisions

- Designate support person(s) of your choosing to be involved in your care when appropriate. You may restrict access of your support person or visitors at any time. University of Utah Health will not restrict your support person(s) or visitor based upon their race, color, culture, language, ethnicity, religion, sex, sexual orientation, gender identity or expression, socioeconomic status, age, national origin, physical or mental disability, and/or veteran status.
- Direct your care through an Advance Directives, which are legal forms that state your choices about the care you want to receive in serious health situations. Advance Directives are also used to name someone to make decisions for you if you cannot speak for yourself. At your request, we will help you create an Advance Directive.
- Request a discharge plan evaluation. Designated support person(s) acting on your behalf can also request a discharge plan evaluation.
- Choose whether or not to take part in research studies and to have studies explained to you before you decide. Other care will continue regardless of your decision to take part in research studies.