You Have the Right:

To Respect
To be treated with respect and dignity, and be provided with courteous, considerate care

To Confidentiality
To appropriate privacy and confidentiality in all interactions

To Communication
When the need arises, reasonable attempts will be made by providers to communicate in the language or manner primarily used by the patient

To Review
To inspect, review, and receive a copy of your medical records by written authorization in hard copy or electronic form

To Be Informed of your Health
To be informed about your health problem and to understand why certain procedures, tests, and information are required and requested. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or legally authorized person

To be Informed of your Treatment
To be informed of the effectiveness of treatment with information about possible risks, side effects, and alternate methods of treatment

To be Informed of Fees
To receive information regarding fees and charges for services

To Refuse Treatment
To refuse any treatment you do not understand or do not want, understanding the consequences of refusal

To Questions
To discuss with your provider any questions or problems about your medical care

To Change Providers
To know who is treating you and to be able to request a change of providers or seek a second opinion, if other qualified providers are available

To Well-Being
To be informed of personal responsibilities involved in seeking treatment and maintaining health and well-being after treatment

To Refuse Experiments
To refuse to participate in any experimental research or treatment

To Share Complaints
To have any complaints or concerns reported via comment boxes, surveys, e-mail, direct contact with the CAPS or Health Services Director or their designee

You Have the Responsibility:

To Present Accurate Information
To present accurate identifying information before receiving services and to include information about medications, supplements, and any allergies or sensitivities

To Share Details of Visit
To share details of your visit and reason in a direct, honest, and straightforward manner

To Be Respectful
To be respectful of providers and staff, as well as other patients

To Inform the Provider
To inform your provider about any living will, medical power of attorney or other directive that could affect your health care

To Clarify
To ask for clarification whenever information or instructions are not understood

To Be Punctual
To keep all appointments, arrive on time, and call Student Wellness as soon as possible, to cancel or reschedule an appointment

To Follow Instructions
To follow instructions and comply with the treatment plan given by your provider and participate in your health care

To Arrange Transportation
To arrange for transportation and care at home if requested by the provider

To Pay
To pay all fees for services promptly

We appreciate any feedback regarding your visit to Student Wellness

Fill out the form at fullerton.edu/studentwellness/feedback or scan the QR code above