# Patient Rights and Responsibilities

## 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

### COVID-19 Addendum:

#### To Wear a Mask
To wear a mask at all times while visiting Student Wellness

#### To be Screened
To go through the COVID-19 screening process before entering the facility