

# **PATIENT RIGHTS AND RESPONSIBILITIES**

## ***As a patient you have the right to:***

- **Information on the privacy and confidentiality practices with regard to your treatment and medical records.**
- **Respectful, courteous, and considerate care.**
- **An explanation of services provided, including any applicable fees, and to be made aware of provisions for after hours and emergency care.**
- **Complete information concerning your evaluation, diagnosis, treatment and prognosis.**
- **Review (or request a copy of) your medical records in the company of a clinician and request an accounting of disclosures or an amendment of information contained in your record.**
- **An explanation of the effectiveness, possible risks and side effects of treatment or alternate methods of treatment.**
- **Choose a clinician or to change clinicians if desired when a qualified alternate clinician is available.**
- **Know who is providing care to you and what credentials they hold.**
- **Refuse treatment, or to ask for a second opinion, or an alternative course of treatment, and to be informed of the medical consequences of your actions.**
- **Information on personal responsibilities involved in seeking medical treatment and maintaining health and well being during and after treatment.**
- **Bring any suggestions or dissatisfaction to the attention of the attending clinician, the Director of Student Health Services or the Vice President of Student Services without intimidation, discrimination or retaliatory action when accessing future care.**

## ***As a patient it is your responsibility to:***

- **Present accurate identifying information.**
- **Present details of illness or complaint in a direct and straightforward manner.**
- **Cooperate respectfully with all persons involved in the health care process.**
- **Arrive to appointments on time, canceling only when absolutely necessary, and far enough in advance so that other patients might utilize that time.**
- **Follow the treatment plan provided by the clinician, asking for clarification whenever necessary, and/or express concerns regarding your ability to follow the treatment plan.**
- **Accept outcomes of choosing not to accept treatment or follow a clinician's recommended treatment plan.**
- **Understand the scope of services provided here, any associated costs, and the necessity of medical insurance.**
- **Provide both positive and negative feedback to the clinician responsible for your care and/or to the Director of Student Health Services.**