

**PATIENT/CLIENT  
RIGHTS & RESPONSIBILITIES**

*Effective health care requires a special relationship between health care provider and student – a partnership of trust, confidence, and a mutual respect for rights and responsibilities.*

**YOU HAVE THE RIGHT TO:**

1. *Be treated with dignity, respect, and consideration.*
2. *Be provided with appropriate privacy at check-in, in treatment areas, and during the exam.*
3. *Know the names and credentials of the people caring for you.*
4. *Receive explanations concerning your diagnosis, evaluation, treatment, and prognosis.*
5. *Receive education and confidential counseling.*
6. *Have privacy and confidentiality of your health records.*
7. *Understanding that your records will not be released without your consent, except as required by law.*
8. *Obtain a copy of your medical records and/or mental health record unless we believe that seeing them could potentially cause harm to you or others.*
9. *Review restrictions on release of records and disclosures.*
10. *Participate in decisions regarding your health care and consent to or refuse any care or treatment.*
11. *Request a second opinion from another medical provider.*
12. *Request or change a specific health care provider(s).*
13. *Refuse to participate in experimental research.*
14. *Have access to information about advance care directives.*
15. *Receive culturally competent care.*
16. *Be informed as quickly as possible regarding charges during the visit.*

**YOU HAVE THE RESPONSIBILITY TO:**

1. *Be honest about your medical and mental health history.*
2. *Be sure you understand and participate in your treatment plan.*
3. *Follow health advice and medical instructions.*
4. *Respect Student Health & Counseling Services policies.*
5. *Report any changes in your health.*
6. *Be respectful of all health care professionals, staff, and other patients.*
7. *Inform health care provider about any living will, medical power of attorney, or other directives that could affect your care.*
8. *Provide a responsible adult to provide transportation home from the facility and remain with you for 24 hours, if required by your provider.*
9. *Keep appointments or cancel at least 24 hours in advance or be charged a “no show” fee.*
10. *Accept personal financial responsibility for any charges incurred at your visit, i.e., lab test fees, or as prompted by necessary specialty transfer.*

*If you have complaints, compliments, or suggestions for improvements, please let us know either in person or by completing a “Tell Us About Us” form available online at [www.https://sacstateshcs.wufoo.com/forms/tell-us-about-us/](https://sacstateshcs.wufoo.com/forms/tell-us-about-us/) or call 916-278-6461.*