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. Know the costs prior to procedure or service.
6. Receive education and confidential counseling.
7. Have privacy and confidentiality of your health records.
8. Understanding that your records will not be released without your consent, except as required by law.
9. 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.
10. Review restrictions on release of records and disclosures.
11. Participate in decisions regarding your health care and consent to or refuse any care or treatment.
12. Request a second opinion from another medical provider.
13. Request or change a specific health care provider(s).
14. Refuse to participate in experimental research.
15. Have access to information about advance care directives.
17. Be informed as quickly as possible regarding charges during the visit.

YOU HAVE THE RESPONSIBILITY TO:
1. Provide complete and accurate information to the best of your ability about your health, any medication taken, include OTC products, dietary supplements, and any allergies or sensitivities.
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. Participate in coordination of care and referral to external care services.
8. Inform health care provider about any living will, medical power of attorney, or other directives that could affect your care.
9. Provide a responsible adult to provide transportation home from the facility and remain with you for 24 hours, if required by your provider.
10. Keep appointments or cancel at least 24 hours in advance or be charged a $20.00 “no show” fee.
11. 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.csus.edu/shcs or call 916-278-6461.

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