

SACRAMENTO STATE STUDENT HEALTH & COUNSELING SERVICES

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.*
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 medical records, and know that your records will not be released without your consent, except as required by law.*
7. *Obtain a copy of your medical record &/or review your mental health record at the discretion of your primary provider, the CAPS clinical director, or his/her designee.*
8. *Review restrictions on release of records and disclosures.*
9. *Participate in decisions regarding your health care and consent to, or refuse any care or treatment.*
10. *Request a second opinion from another medical provider.*
11. *Request or change a specific health care provider(s).*
12. *Refuse to participate in experimental research.*
13. *Have access to information about advance care directives.*

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 his/her care.*
 8. *Provide a responsible adult to provide transportation home from the facility and remain with him/her for 24 hours, if required by his/her 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.*
- *When you want to know.....ASK*
 - *When you have questions.....SPEAK UP*
 - *When you have problems.....TELL ONE OF OUR STAFF*
 - *When you like what happens.....SMILE*

If you have concerns, compliments, or suggestions for improvements, Please let us know in person or by completing a “Tell Us About Us” form.