

# 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 Procedures

To refuse to participate in any procedure

### To Share Complaints

To have any complaints or concerns reported via comment boxes, surveys, e-mail, direct contact with the Health Services Dean 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 Health 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

We appreciate any feedback regarding your visit to the Student Health Center



SCAN ME

Fill out the form at  
<https://www.msjc.edu/healthcenter/feedback.html>