# **Patient Responsibilities**

As a patient you have the following responsibilities:

As a consumer of a health service you have responsibilities as well as rights. You can help yourself by being responsible in the following ways:

Give an accurate history of your illness and your medications. You are responsible for being honest about things that relate to your needs for health service. Try to know and remember the names of the Student Health personnel who serve you. When in doubt, question! You are responsible for the understanding of your health problems or needs. If you do not understand the treatment plan or the test, ask the staff or health care provider about it.

Follow the prescribed plan including keeping your appointments and taking your medications as prescribed. It is your responsibility to advise the people helping you whether or not you will follow the prescribed plan. Be on time for your appointment, and if you cannot keep your appointment, please advise us as soon as possible.

You are expected to report to the Student Health Center any change in your health in relationship to your treatment.

Understand the fees to be charged for your service. It is your responsibility to pay for services that you receive which are not covered by your health insurance plan.

You are expected to respect and comply with the policies of Student Health Center and of your health insurance plan. If you do not agree with a decision or are unhappy about a service you received, you can use the Patient Service Issue Form to file a complaint or grievance with the Student Health Center Administration.

It is your responsibility to treat your care provider and the staff at Student Health Center with respect. Not only may uncooperative, disruptive behaviors or noncompliance with your treatment plan affect your health, they can also affect the staff and other patients at Student Health Center and therefore are unacceptable and may result in the termination of our service to you.

**REMEMBER:** Your health is a shared responsibility between you and us. Let us be good partners in this endeavor. Being a good health consumer does not mean being a silent partner in your health concerns.

When you have a question.....ASK

When you have a problem......SPEAK UP

When you like something at Student Health.....TELL US

When you do not like what happens......INFORM US (so we can correct it)

If you feel your rights have not been respected......ALERT US (using the Service Issue Form)

### UC Irvine Student Health Center

501 Student Health Drive Phone: (949) 824-5301 Fax: (949) 824-3033

# UCI Student Health Center



#### **UC Irvine Student Health Center**



# Patient's Rights and Responsibilities

The Student Health Center staff is pleased to work with you and to assist you in the maintenance of good health. We are available to advise you on how to stay healthy and to assist you when you are ill or injured. Our joint efforts can be maximized if you understand what your rights are. The following is a summary of the patient rights and responsibilities at the Student Health Center.

# **Patient's Rights**

You have the right to:

#### **Dignity**

You have the right to be treated with respect and dignity, regardless of your race, age, beliefs, gender or sexual orientation. You should expect the Student Health Center staff to work as efficiently as possible and to be concerned for your individual need for comprehensive, quality care. You should expect the Student Health Center to be interested in hearing what you feel and what questions you have about your health or about the Student Health Center. You should expect that all personnel, including physicians, will introduce themselves to you and will address you according to your preference.

#### **Privacy**

You have the right to privacy. Your discussion, examination, and treatment will be conducted in privacy. You should expect that the presence of any individual in addition to your practitioner will be explained to you and that he or she will be introduced to you by name.

#### **Confidentiality**

All communications and records between you and the clinician are confidential information. Your permission must be obtained before any information can be given to any person not directly connected with your care. This requirement applies to your parents and University officials. There are limited expectations required by law, such as reporting certain communicable diseases to the Health Department. Before you give your permission, make sure you understand what information will be sent and that the information is needed. In most instances, giving the information will help you. You may, however, choose to discuss what information will be released before giving your consent. You may arrange to review and have explained to you all information written in your chart. You may have direct access to your medical record information, either by inspection or by obtaining copies.

#### **Understanding**

You will be expected to be an active participant in decisions regarding your health. You have the right to know and understand:

• Your health care provider's

- assessment of your health problem.
- What treatment, procedure or test is being recommended and why.
- The risks of the recommended treatment, test or procedure and the alternative.
- The risks of not accepting the treatment, test or procedure.
- Whether the treatment/procedure is experimental and what the risks and alternatives are.
- The name of the person who will carry out the procedure.
- The prospects for resolution of your problem.
- The charges, if any, for your care.
- The details of your medical circumstances in language you can understand.
- A full explanation of any bill incurred by you at Student Health Center, and how your insurance coverage works (if we are your primary health care provider).

#### **Service**

You have a right to service for your health needs. You should expect that any reasonable requests for service will be met. If the Student Health Center or University policies prevent us from meeting your request, you have the right to a clear explanation of the reason. You should expect continuity

of care. You should expect that you will be advised in advance of the time and location of any appointment and of the name of the practitioner you will be seeing. You have the right to refuse service. You may decline to accept a proposed test or treatment. You may leave from any part of the building against our advice unless it is judged to be medically unwise. You should expect that we will explain the anticipated medical consequences if you refuse care, and you must sign an AMA (Against Medical Advice) form if recommended treatment is refused. You have the right to a second medical opinion before making any decision. You have the right to see a same gender practitioner or opposite gender, if desired. You have the right to request the same practitioner for continuous care. You also have the right to change practitioners if you feel you have a personality conflict or other concerns which impact your health care needs.

These rights apply to you and to anyone else who, because of your age or disability, may be responsible for your health. You should expect the Student Health Center staff to know what your rights are, explain them to you if you ask, and to respect them.