



Student Health Services  
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## **PATIENT RIGHTS AND RESPONSIBILITIES**

Chapman University Student Health Services staff (the "Staff") is dedicated to providing health care services in a manner that is always considerate of the dignity and rights of our patients.

### **As a Patient You Have the Right to:**

1. Receive considerate care that is respectful of your personal beliefs, cultural and spiritual values, without regard to sex, economic status, educational background, race, ethnicity, color, age, religion, ancestry, national origin, sexual orientation, gender identity or expression, marital status, disability, source of payment for care, or any other basis protected by law.
2. Have your medical care explained to you in terms that you understand and to have any questions answered concerning your symptoms, diagnosis, prognosis, and treatment. If needed, you can request your medical care be explained in a language that facilitates your understanding of your medical care and the Staff will make reasonable attempts to facilitate communication in that language.
3. Appropriate assessment and management of your symptoms, including pain.
4. Be provided to the degree known, complete information concerning their diagnosis, treatment (including whether such treatment is experimental), prognosis, involved risks in treatment (including the common side effects of prescribed medications), available alternatives, and related cost estimates, in order to give informed consent or refuse a course of treatment. When it is medically advisable to give such information to a patient, the information is provided to a person designated by the patient or legally authorized person.
5. Know the contents of your medical records through interpretation by the provider.
6. Know who is interviewing and examining you. You have the right to information about the credentials and qualifications of the provider. You have the right to request to be examined or treated by a Staff member of the same sex as you, and the Staff will make reasonable efforts to honor such request to the extent that doing so does not pose a threat to the health or safety of other patients or yourself. Please be advised that such a request may require rescheduling of appointments and that, if rescheduling is required.
7. Be informed of actions that you can take to treat or prevent your medical problem.
8. Choose or change your provider.
9. Retain and exercise the exclusive right to consent to testing, evaluation, and treatment of your symptoms and medical condition, to refuse to be examined or treated and to be informed of the foreseeable risks and expected consequences associated with such decisions. In addition, you have the right to ask for a second opinion or an alternative course of treatment and be informed of the foreseeable risks and expected consequences associated with such actions.
10. Be assured of the confidential treatment of disclosures and records and to have the opportunity to approve or refuse the release of such information, except when a release of specific information is required by law or is necessary to safeguard you or the university community.
11. Participate in the consideration of ethical issues that may arise in the provision of your care.

12. Provide feedback on the services you receive.
13. Be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. If issues must be discussed which the patient may feel are private and personal (i.e. sexual history, Sexual Transmitted Infections, risk of pregnancy, lifestyle issues, etc.), reasonable efforts shall be made to have such discussions in a private examination room, but in any event, such discussions shall be conducted and maintained in confidence, unless otherwise required by law or to prevent or rid of a threat to your health or safety. You have a right to know the purpose of the presence of any individual involved in the examination or treatment of your medical condition and the person be introduced to you by name.
14. During all examinations involving genitalia, rectal or breast examination by a healthcare provider, an assistant or chaperone will be present.

**As a Patient You Have the Responsibility to:**

1. Be punctual for your appointment(s).
2. Provide the Staff with full and accurate information about your symptoms or medical concerns, as well as medical history, any allergies or sensitivities, and any medications, over-the-counter products, and dietary supplements that you are taking.
3. To give prior clear consent to proper evaluation and treatment of your symptoms or medical issue or, in the alternative, clearly communicate your refusal to participate, so that the Staff can act appropriately in each case.
4. Be actively engaged, to the extent capable, in discussions and procedures regarding your health and ask questions if you do not understand the directions or treatment being given by a provider.
5. Follow your treatment plan prescribed by the provider, including timely taking any medication prescribed to you, and timely returning for follow-up appointments. You are expected to inform the provider if you are not following your treatment plan, missing appointments, or if any medical condition has changed.
6. Call Student Health Services as soon as possible when it becomes necessary to cancel or reschedule an appointment.
7. Accept financial responsibility for any charges not covered by Student Health Services.
8. Show courtesy and respect to the Staff and health personnel and other patients, including refraining from invading the privacy of other patients.
9. Arrange your transportation to and from the Student Health Services facility, unless otherwise agreed to and provided for by Student Health Services.
10. Offer any suggestions, questions or grievances to the Director of Student Health Services at [deats@chapman.edu](mailto:deats@chapman.edu) or anonymously report on the Ethicspoint hotline reporting page <https://secure.ethicspoint.com/domain/media/en/gui/15747/index.html>. Reporters can also call the anonymous Ethicspoint hotline at 888-493-1870.