



MY HEALTHCARE RIGHTS & RESPONSIBILITIES

I HAVE A RIGHT TO:

BE RESPECTED

- Be treated with dignity and respect.
- Receive considerate, compassionate, and kind care.
- Respect for my personal privacy.
- Confidentiality of my medical records.
- File a grievance regarding my care or treatment without being retaliated against, including the right to make suggestions and/or file complaints regarding Student Health Center (SHC) services. Please contact the SHC Medical Director at 360-650-3400 or Student.Health@wwu.edu.

HAVE ACCESS TO CARE AND SAFETY

- Receive medical care in a safe environment that is free from abuse or neglect.
- Be seen within a reasonable amount of time, giving consideration to emergencies and critical illness.
- Obtain medications and supplies at the retailer of my choice.
- Have access to interpreter services.
- Evaluation, treatment, and communication with SHC staff in the language of my choice.

BE INFORMED

- Receive a printed copy of the *Patient's Rights and Responsibilities* handout, if requested.
- Receive accurate information about health-related concerns.
- Know the effectiveness, possible side effects, and problems of all forms of treatment.
- Be informed about services and any related costs.
- Receive information about Advance Directives, if requested.
- Receive information about Malpractice Insurance, if requested.

PARTICIPATE IN DECISION-MAKING

- Review my medical records with a clinician.
- Access my medical records upon request.
- Participate in choosing a form of treatment.
- Seek a second opinion regarding diagnosis or treatment.

I HAVE A RESPONSIBILITY TO:

BE PROACTIVE

- Seek medical attention promptly.
- Arrange for a responsible adult to transport me home and remain with me as directed by the provider or indicated in the discharge instructions.
- Follow healthcare advice and medication instructions.
- Keep appointments or cancel in advance.
- Seek non-emergent care during regular hours and scheduled times.
- Properly safeguard all prescribed medications and not give medication prescribed for them to others.

SHARE INFORMATION

- Provide complete and accurate information about my health, any medications, any allergies, and any chronic conditions.
- Report any significant change in symptoms or failure to improve.
- Provide useful feedback about services and policies.
- Inform my provider about any living will, medical power of attorney, or other directive that could affect my care.

PARTICIPATE IN DECISION-MAKING

- Ask for clarification about anything not understood.
- Respect clinic personnel, other patients, or visitors in the clinic and SHC policies.
- Accept personal financial responsibility for any charges not covered by my insurance and pay for services billed to my account in a timely manner.

STUDENT HEALTH CENTER

*Helping students be well, get well,
and stay well – life long!*

studenthealth.wwu.edu

Campus Services, 2nd Floor

(360) 650-3400