KNOW YOUR RIGHTS

To the extent provided by law and within the capacity of this facility, every client has the right:

1) to be treated with respect, consideration, and dignity regardless of race, creed, gender, age, national origin, religion, sexual orientation, or ability.

2) to prompt medical treatment in an urgent situation without discrimination on account of economic status or ability to pay at the time of service.

3) to a Good Faith Estimate (GFE) of services if you are uninsured or choose to be self-pay. You must schedule at least three days in advance and GFE will be provided one day prior to your appointment.

4) to confidentiality of all records and communications to the extent provided by law.

5) to request a mental health provider with a specific identity (gender, race, Spanish speaking) or with a particular treatment approach.

6) to privacy during counseling care.

7) to clear and concise explanations of your condition and of all proposed procedures, including the risks, possible problems, or side effects that may result.

8) to refuse treatment - unless you are evaluated as likely to harm self, harm others, or gravely disabled then protective measures are taken.

9) to refuse to participate in research projects or to refuse any care or examination which is primarily educational or informational rather than diagnostic or therapeutic.

10) to request a second opinion from a mental health professional on the CAPS staff or from another provider at any time. Any fees assessed for these consultations are the responsibility of the client.

11) to request to review your CAPS records. These records will be made available according to federal and state law and policies and procedures established by Pat Walker Health Center.

12) to submit to the Health Center Advisory Committee appointed by the Vice Chancellor for Student Affairs, grievances and recommendations regarding the policies and procedures followed in the Health Center and to receive an explanation of ways to prevent problems from occurring again.

YOUR RESPONSIBILITIES

It is the responsibility of each patient:

to provide, to the best of the individual’s knowledge, accurate information relating to client health and personal situation.

to accept personal responsibility to follow a treatment plan.

to accept personal responsibility if client refuses treatment.

to assume financial obligations for services rendered and to provide, if applicable, accurate insurance information.

to respect the rights of other patients, clients, CAPS, and health center personnel with whom client may come in contact.

to adhere to all policies and processes of CAPS and the Health Center.

to keep scheduled appointments or notify CAPS of cancellation by 4:30pm the business day prior to the appointment.