

# Your Rights and Responsibilities

## About your privacy

You and Hampshire College Health Services (HCHS) are partners in your health care. Your participation in decisions about your health care and your willingness to communicate with your health care professionals helps us provide appropriate and effective health care. We want to make sure you receive the information you need to participate in your health care. We also want to make sure your rights to privacy and to considerate and respectful care are honored.

As an adult, you can exercise these rights yourself. If you are a minor or if you become incapable of making decisions about your health care, these rights will be exercised by the person having legal responsibility for participating in decisions concerning your medical care.

## You have the right to:

- **Participate in your health care.** This includes the right to receive the current and complete information you need in order to accept or refuse a recommended treatment. Emergencies or other circumstances occasionally may limit your participation in a treatment decision. In general, however, you will not receive any medical treatment before you or your legal representative gives consent. You have the right to be informed about and refuse to participate in experimental care proposed by your health care provider.
- **Express your wishes concerning future care.** You have the right to choose a person to make medical decisions for you, if you are unable to do so, and to express your choices about your future care. These choices

may be expressed in such documents as a power of attorney for health care decisions, advanced directive (health care proxy) or living will. You should inform your family and your practitioner of your wishes and give them any documents which describe your wishes concerning future care.

- **Receive the medical information you need to participate in your health care.** This information includes the diagnosis of a health concern, problem or issue, the recommended treatment, alternative treatments, and the risks and benefits of the recommended treatment. We will try to make this information as understandable as possible. You are entitled to an interpreter if you need one. You also have the right to review and receive copies of your medical records, unless the law restricts our ability to make them available. You have the right to have ethical issues which arise in connection with your health care considered.
- **Receive information about the people who provide your health care.** You are entitled to know the name and professional status of the individuals who provide service or treatment to you.
- **Receive considerate, respectful care.** We respect your personal preferences and values.
- **Be assured impartial access to treatment.** You have the right to all medically indicated treatment, regardless of your race, religion, sex, sexual orientation, national origin, cultural background, disability or financial status. You have the right to be treated with respect and recognition of your dignity and need for privacy. HCHS will not release your medical information without your

authorization, except as required or permitted by law or as required in the administration of our agreement with you. Provisions are available through the HCHS office for release of information.

- **Have a safe, secure, clean and accessible environment.**
- **Participate in your health care provider selection.** You have the right to select and to change health care providers within HCHS.
- **Know and use customer satisfaction resources.** You have the right to know about resources such as grievances and appeal processes that can help you answer questions and resolve problems. You have the right to make complaints through the HCHS grievance/feedback procedure without concern that your care will be affected. We welcome your suggestions and questions about HCHS services, the health care professionals providing care, and patients' rights and responsibilities.
- **To receive statements about your rights as dictated by state law.** If state laws have been passed which dictate that specific statements about your rights and responsibilities are communicated to you by us, those statements will be provided.

## You are responsible for:

- **Knowing the extent and limitations of your health care benefits.** An explanation of these is contained in your plan information. For students with the school insurance, complete policy information is available at [www.gallagherkoster.com](http://www.gallagherkoster.com). For students with other insurance plans, please consult your policy.

- **Identifying yourself and providing accurate and complete information.** You are responsible for providing accurate information about your present and past medical condition, as you understand it. You should report unexpected changes in your condition to your health care provider.
- **Keeping appointments.** You are responsible for promptly canceling any appointment that you do not need or cannot keep.
- **Following the treatment plan you and your health care provider agree to.** Inform your health care provider if you do not clearly understand your treatment plan and what is expected of you. If you believe you cannot follow through with your treatment, you are responsible for telling your health care provider.
- **Recognizing the effect of your lifestyle on your health.** Your health depends not just on care provided by HCHS but also on the decisions you make in your daily life, such as smoking or ignoring care recommendations.
- **Being considerate of others.** Be considerate of health care professionals, staff and other patients. You should respect the property of HCHS and the property of others.
- **Fulfilling financial obligations.** You are responsible for paying any money you owe to HCHS on time, and as required. An explanation of your obligations is outlined in health plan information.

