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## Student Rights, Responsibilities, and Protections

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You have the right to:

### Quality Care Experience

- Be treated courteously with dignity and respect. The University does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender, gender identity or expression, national or ethnic origin, age, status as an individual with a disability, military or veteran status, genetic information, or other protected classes under the law (including Title IX of the Education Amendments of 1972).
- Receive interpretation services or other reasonable accommodation of special needs or disabilities.
- Receive timely referral and access to specialty care.

### Information about Your Care Team and Treatment

- Receive information concerning your diagnosis, evaluation, treatment, and prognosis, in language easily understood and with an explanation of alternatives. You may choose to designate a person to receive information when it is clinically inadvisable to give such information to you.
- Participate in the development and implementation of your plan of care and treatment.
- Be informed of the name and professional credentials of your care team and the role they perform in your care.
- Request a clinician or [change of clinician](#), if others are available.

### Make Informed Decisions

- Provide informed consent to, or refuse, treatment to the extent allowed by law.
- Allow or not allow a person (not directly involved in your care) to observe during your visit.
- Participate voluntarily in research projects. The possible risks and consequences of participation must be fully explained in advance, and for which informed consent will be requested.
- Choose your pharmacy and be informed of available options to make an informed decision based on your needs.

### Privacy

- [Have personal privacy respected and confidentiality of treatment records maintained.](#)
- Be assured that personally identifiable information (PII) and treatment records, will be kept confidential and only released to third-parties with your written consent or if required by law.

### Be Heard

- [Voice concerns or grievances to Student Wellness staff without fear of reprisals or discrimination.](#)

You have the responsibility to:

- Take time to read, understand and sign the consent and privacy forms located in the student portal.
- Provide complete and accurate information about your past medical history, allergies, medications and current health status to allow for proper evaluation and treatment. Participate actively in the treatment planning and review process.
- Participate in decisions involving your care, follow the treatment plan prescribed by your clinician, and notify your clinician of changes.
- Discuss and ask questions about any information, instructions, or treatment recommendations that are unclear.
- Arrive on time for your scheduled appointments and cancel only when necessary, giving at least 24 hours' notice when possible.
- Voice any concerns through the proper channels.
- Inform your clinician about any living will, medical power of attorney, or other directives that could affect your care.
- Understand the coverage provided by your health insurance policy, or ask your insurance carrier for clarification.
- [Accept personal financial responsibility for charges not covered by insurance.](#)
- Provide a responsible adult to transport you home and remain with you if directed by the clinician.
- Behave respectfully toward all Student Wellness staff, as well as other students and visitors.

*Revised: 02/2026*