**Know Your Patient Rights and Responsibilities**

**You, as the patient, have the *right*:**

* To be treated with respect, consideration and dignity;
* To be provided appropriate privacy and confidentiality (see our *Notice of Privacy Practices)*
* To request the use of interpreter services;
* To be provided, to the degree known, complete information concerning your diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information, the information will be provided to a person designated by you or to a legally authorized person;
* To participate in decisions involving your health care (except when such participation is contraindicated for medical reasons), including the right to refuse treatment and to be informed of alternatives;
* To request specific providers, or to change providers if other qualified providers are available;
* To obtain a copy of your patient record and to request an addendum if you believe the information is incomplete;
* To have access to information regarding the following elements:
* Patient rights, responsibilities, conduct, and participation
* Services available through Vaden Health Center
* Provisions for after-hours and emergency care
* Fees for services and explanation(s) of charges incurred
* Payment policies
* The right to refuse participation in research without detriment to care
* Credentials of health care professionals
* Methods for providing feedback, including complaints about your experience, without fearing retribution

**Know Your Patient Rights and Responsibilities**

**You, as the patient, have the *responsibility*:**

* To show respect and consideration for the rights of other patients, visitors, and staff;
* To arrive as scheduled for your appointment and/or to cancel or change your appointment in a timely manner so as to allow others in need to have access to care and/or services;
* To provide complete and accurate information, to the best of your ability, about your health, health history, medications (including over-the-counter products and dietary supplements), and any allergies or sensitivities;
* To participate in the informed consent process prior to the start of any procedure, test, or treatment and to seek clarification for any part requiring further explanation:
* To participate in decisions involving your care and to follow the treatment plan prescribed by your provider;
* To understand the medical and/or other consequences of non-compliance with the treatment plan;
* To ask questions if you are not understanding information provided;
* To accept personal financial responsibility for charges not covered by your insurance and/or the Campus Health Service Fee;
* To help Vaden Health Center improve its service and environment by providing feedback about unmet needs, expectations, and perceptions of care

**Let us Hear From You!**

**Comments and Suggestions** forms are available in the main lobby of the Vaden Health Center building and in our Kingscote Gardens waiting rooms

A **feedback link is**

located on the Vaden website, [vaden.stanford.edu](http://web.stanford.edu/group/vaden/outside/feedbackform.fb)

Vaden’s **Quality Manager** can be contacted directly at 650-724-0979 or via email at [villafan@stanford.edu](mailto:villafan@stanford.edu) or villafan@stanfordhealthcare.org