



**Rocky Vista University Clinic is staffed and patient care is provided by licensed Colorado physicians and other health care professionals who are faculty of the University and its Colleges. The faculty commits time to teaching and the academic evaluation of students and residents, as well as providing clinical services and caring for patients of the Clinic.**

As a patient of the Clinic, you have a right to:

- Know the identity, professional status and experience of those with whom you interact.
- Make choices regarding your healthcare provider.
- Receive considerate, professional, respectful and private care.
- Expect effective communication that maintains confidentiality.
- Expect your privacy to be respected to the fullest extent possible, and expect confidentiality of your medical records and communications.
- Expect that every professional with whom you interact will fully comply with HIPAA and any other law or regulation pertaining to the delivery of healthcare.
- Receive complete and understandable information regarding your diagnosis, options, risks and alternatives.
- Refuse or withdraw your consent at any time and discontinue any treatment, drug or procedure.
- Be provided timely access to your medical records for review.
- Request an estimate of charges prior to receiving non-emergency care.
- Request an explanation of all billing charges and procedures, and expect a timely resolution of all billing concerns.
- Register a complaint or concern regarding your care with the Clinic Administrator or Medical Director and to have those concerns addressed without fear of recrimination or penalty.

*In certain circumstance, Federal or State laws or regulations may impose certain limitations on your ability to exercise any of the rights listed above.*

As a patient, you have the responsibility to:

- Provide complete and accurate health information.
- Ask questions that are significant for your health and care.
- Participate with your provider in the development and implementation of your plan of care.
- Take responsibility for refusing treatment, withdrawing consent, or failing to follow a plan of care.
- Report any worsening of your condition or unexpected reaction to medications promptly.
- Keep appointments, and follow the Clinic's cancellation policy if necessary.

I have read and understood the foregoing and agree to adhere to Rocky Vista University Clinic's Patient Rights and Responsibilities.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature