Patient Bill of Rights

As a patient of Mount Holyoke College Health Services it is your right to:

- Receive comprehensive and respectful healthcare during all appointments.
- Receive clear explanations and options about treatment plans.
- Receive care within the parameters of your health insurance and opt into additional care if you so choose.
- Ask questions and converse honestly with staff and feel comfortable asking questions.
- Request to be seen by a specific clinician for scheduled appointments.
- Be referred to by your chosen name, pronoun and gender.
- Bring a friend to act as a support person and/or advocate during your appointments.
- Request access to review your medical record.
- File a complaint if you have received care that felt inappropriate or lacked professionalism.
- * Determine through an explicit written or verbal release of information if, when, what and to whom health information will be shared

Patient Responsibilities

We want you to be involved in decision making about your health. As a part of this we ask that you:

- Keep appointments and communicate with office staff if your schedule changes. This can be done by calling 413-538-2121 or using online appointment scheduling through MyHealthConnection.
- Communicate honestly about your symptoms, activities and concerns that you have. We are committed to *confidentiality and providing non-judgmental care.
- Notify us of any change in chosen name, pronoun or gender to allow us to update your record. We also invite you to make these changes in your profile through MyHealthConnection.
- Communicate with your practitioner to ensure that you understand your treatment plan and that you can follow the plan as discussed.
- Disclose your use of over-the-counter medications, prescription medications, supplements, and/or recreational drugs so that we can be aware of any possible interactions between medications our staff may prescribe and those you may be using off-label, over-the-counter, or recreationally.
- Know the parameters of your health insurance and ask clarifying questions so that you aren’t surprised by an unforeseen cost.

* The exceptions to maintaining privacy of your health information include:
• If you report the active intention to harm yourself or another person and a plan of safety cannot be reasonably established.
• If you are diagnosed with the reportable communicable disease (ie. tuberculosis, gonorrhea), we are required to notify the Massachusetts Department of Public Health.
• If required by legal subpoena to release protected health information.
• Are under age 18 and your parent or legal guardian requests medical information. disclosure of child or elder abuse or neglect is mandated by Massachusetts law.