University of California, Irvine – Student Health Center
Psychiatry Services

Patient Rights and Responsibilities

The Psychiatry Service is part of the Student Health Center and enforces the same policies and procedures to uphold Patients' Rights and Responsibilities. The following is a further explanation of what to expect when seeing a psychiatrist here.

Our commitment is to your overall well-being by creating a safe and confidential atmosphere that promotes personal growth. You have a right to considerate, respectful care. An environment of mutual respect is essential. You will not be discriminated against, consistent with the benefits covered in your health care policy or as required by law, based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

The Psychiatry Service is comprised of psychiatrists. Psychiatrists are medical doctors who have completed at least four (4) years of additional training in the specialty of mental health care. Our work together may involve psychotherapy and/or medications. All treatment requires an active engagement on your part – to talk about your life openly and honestly and/or take the medicine as recommended and work with us about any difficulties that may arise.

We strive to provide you with access to high quality health care. However, we recognize that sometimes misunderstandings can occur. If you would like to file a complaint about the care you have received by the psychiatric service, you need to know that you have the right to a fair and efficient process for resolving differences with us. The first step is to write down your complaint on a grievance form and submit it to the Administration via the Administrative Assistant at Student Health Center. You can obtain a Service Issue Form at either the Student Health Center main building lobby and you can ask our support staff for a copy.

Psychotherapy: Because of recent changes to the mental health service delivery at Student Health Center, if you want to be seen for longer-term therapy-only, you will need to see a therapy-only provider, like a psychologist, licensed clinical social worker, a marriage and family therapist, or a psychiatric nurse practitioner, in the community using your insurance. Your provider may recommend the best treatment options for you and can explain this further. Treatment options will be made on a case-by-case basis.

Medications: Please see your physician about your medication if it is prescribed. Your physician will explain the side effects of any medication prescribed for you. If you encounter any unexpected difficulty with the medicine, please tell us. Check your medication supply before your visits so that we can take care of prescriptions in person, rather than having to handle refills on the telephone as your supply is running out. We will not call in prescription refills; they must be done through our internal system, by facsimile, or with a paper prescription. Note that prescription refills are not given unless the date of a follow-up appointment has been scheduled. Please also be advised that running out of medications is not considered an emergency and is an inappropriate use of the urgent line. If you have received an interim prescription, you should consider whether or not you want to pay for this medication at its cost, or if you want to use your insurance to fill this prescription. Your insurance rules may require you to pay the same copay for a < 30 day supply of medication as you are a 30 day supply of medication.
Privacy and Confidentiality: Privacy and confidentiality are the cornerstones of mental health treatment. Some basic information about your diagnosis and treatment may be required as a condition of your insurance coverage. You should realize that any information given at your request to an insurance company or managed care company is thereafter beyond our control. Generally, we do not disclose your health information to third parties unless we are required to by law.

If you give consent for release of medical information from your general medical record in compliance with HIPAA, we will disclose only the minimum amount of information necessary to serve the purpose for which the request has been made. Guidelines for minimum disclosure have been defined by federal and state law and by professional organizations.

When you are requesting paper records, letters or communication generated from the Student Health Center, please be advised that we have up to a 15 day timeframe to respond to your request. You may also be subject to additional administrative fees.

Choice of Providers: In addition to seeking services at our Student Health Center, USHIP and GSHP policy allows for you to see providers in your treatment network. All referrals to your treatment network outside the Student Health Center are coordinated by a different department at Student Health Center, the Insurance Department. Make sure you have taken your SHIP Mental Health Referral form to the Insurance Department before go to your first community appointment.

You may find that you are working with a provider whose style does not fit your needs. It is essential that you communicate this to your provider so that your expectations are heard. If you and your provider decide that you are better-served with another type of clinician, it is important to discuss this to end your treatment well. In these situations, we will attempt to facilitate your transfer of care.

As part of maintaining your privacy and confidentiality, we will do our best to ensure that your care is confidential. Some extra steps which we take include making sure that roommates, couples, or family members are not seen in treatment by the same clinician.

Communication: As part of your ongoing care with us at the Student Health Center, it may become necessary for us to notify you of your health information. Please always have an active, working telephone number which is confidential on file and a valid mailing address where you can be reached. Please be aware that e-mail is not a confidential method by which to communicate. Providers will not contact you to give you clinical information by email. All received email communications are placed in the medical record.

You will receive an automated reminder about appointments scheduled forty-eight (48) hours in advance. This should be the only health information that is conveyed to you by email, unless you have signed a special consent form.

We require that we have a confidential telephone number and valid address on file (P.O. Box is unacceptable) in order to deliver quality care. Particularly if we are concerned about your well-being, we will make attempts to contact you. It is critical to respond to our inquiries in the time designated. If we do not hear from you in a timely way, we may request a welfare
check on your behalf, which involves calling the campus police or the police in the city where you reside to ensure your safety.

**Appointments:** We hope to maintain clear communication about your ongoing care. It is important that follow-up appointments are kept in a timely way. It is also important that you are seen as frequently as your provider has determined. We strive to run on-time for your scheduled appointment. Rarely, medical situations arise which may require scheduling changes. We appreciate your patience during these times. Similarly, please arrive at your designated appointment time. If more than half (1/2) of your appointment time has passed by your arrival (e.g. coming at 10:12 a.m. for a 20 minute appointment scheduled for 10:00 a.m.), you will be asked to reschedule your appointment and may be subject to additional fees.

**Emergencies:** If you become seriously ill when the Student Health Center is closed, you should still get medical help. An example of an emergency situation is if you are thinking about suicide, or feel an urge to take your life. Another example is thinking violent and rageful thoughts, with urges to strike out at others. If you are working with a psychiatrist at Student Health Center, this would be an appropriate time to call the urgent line/pager. There is a national hotline available 24/7 if you or someone you love is at risk for suicide: 1-800-273-TALK (www.suicidepreventionlifeline.org).

The best and easiest way to get help if you are seriously ill or having an emergency when we are closed is to call 911. The dispatcher will talk with you and ask you to tell him/her what the matter is. The dispatcher will make sure that paramedics get to you and that you will get medical care. The paramedics may take you to a nearby medical facility so that you can get rapid medical care. Be sure to call the Student Health Center Insurance Division, at (949) 824 - 2388 within 48 hours of your emergency so they can help you arrange payment for emergency medical bills.

**Your Responsibilities:** Greater individual involvement in your care increases the likelihood of achieving the best outcomes. Such responsibilities include:

- Take responsibility for maximizing healthy habits, such as exercising regularly, eating a well balanced diet; getting enough rest and sleep; avoiding smoking, drinking alcohol in excess, using illegal substances; managing your time, demands, relationships and stressors wisely.

- Participate with your health care provider on your health care decisions. Work collaboratively with your provider(s) in developing and carrying out agreed-upon treatment plans. Disclose relevant information and clearly communicate wants and needs.

- Show respect for the staff at Student Health Center and for the other patients.

- Make a good-faith effort to meet financial obligations.

- Understand your health plan coverage and health plan options.

- Abide by administrative and operational procedures of your health plan, health care providers, and government health benefit programs.

- Report wrongdoing and fraud to appropriate resources or legal authorities.
We look forward to providing you with quality health care.

Right to a Paper Copy of This Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Your signature below constitutes your acknowledgement that you have read and received the foregoing.

______________________________________________  _______________________
Signature          Date