

Psychiatry and Mental Health 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 at the Psychiatry Service.

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 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. An environment of mutual respect is essential.

The Psychiatry Service is comprised of psychiatrists as our treatment providers. In addition, we have the Nursing and Medical Assistant staff, Front Office, and a designated Mental Health Administrative Specialist to facilitate your access to care. Our work together may involve psychotherapy and/or medications. All treatment requires an active engagement on your part: the willingness 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.

After your visit, you will be sent a satisfaction survey by secure message. Please use this to complete feedback because SHC Administration relies on this data for funding programs, ongoing services and other decisions. The satisfaction survey reviews your personal experience at Student Health Center.

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 psychiatry 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 to any Administrative Assistant at Student Health Center. You can obtain a *Service Issue Form* at the Student Health Center main building.

Psychotherapy: Since a goal of psychotherapy is to help you see things about your life in a new way, it may at times reveal painful aspects of your life, or stir emotional distress. The working relationship of psychotherapy is unique. Feelings about your mental health provider are an important part of the treatment, and should be discussed regardless of whether they are negative or positive. Although it is unlikely, there is a possibility that treatment could make you feel worse or uncover more severe illness, in which case we would, with your permission, take all appropriate steps to help you overcome this.

I acknowledge that, even if I have an additional psychotherapist, I will be discussing areas of my life with my doctor. This means that higher professional boundaries will be maintained, including that if you encounter your doctor outside of a treatment setting, your doctor will maintain your confidentiality by not acknowledging you or greeting you unless you initiate it. This protects your privacy and confidentiality. It also, however, means that some natural curiosity that you may have about your doctor as a person, may not be appropriate to be discussed. Please bring up any questions or concerns that you may have about this when you are in treatment with your provider.

Psychiatry and Mental Health Services Patient Rights and Responsibilities

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 not an appropriate 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 for a 30-day supply of medication.

_____ I acknowledge it is my responsibility to maintain my medication supply and to schedule my appointments before my refills have expired.

_____ It is also my responsibility to tell my doctor about any medication changes. I will take medications as they are prescribed and not increase, decrease, start or stop medications without my doctor's instructions. My prescribing doctor or a covering doctor at Student Health are the only doctors that are supposed to be writing psychiatric prescriptions for me.

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.

Mental health information can be subject to a higher degree of protection. We are able to discuss your information within Student Health Center, with other providers and other Student Health Center staff for the purposes of treatment, payment or our operations. Generally, we do not disclose your health information to third parties unless we are required to by law. Situations in which we cannot maintain your confidentiality include: to prevent harm to the patient or others, reporting of abuse, for the mental health professional's defense in legal actions, regulatory oversight of the mental health professional's professional status, confidential supervision in training situations, or investigation by a medical examiner in the event of a patient's demise.

If you give consent for release of medical information from your general medical record, in compliance with federal and state laws, 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.

_____ I acknowledge that I need to sign an authorization for release of health information when I would like my provider to communicate with someone outside the Student Health Center. I am responsible for starting this release and also can revoke the release in writing.

When you are requesting records, letters or communication generated from the Student Health Center,

Psychiatry and Mental Health Services Patient Rights and Responsibilities

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.

_____ I acknowledge that it can take **up to 15 business days** for requests of records, documentation, letters to be processed and these *always* need to be accompanied by a signed authorization of release of information. Consent is also required for verbal communication with third parties, unless you are at risk for a medical emergency. In an emergency, only the pertinent and relevant information will be disclosed for that situation.

Choice of Providers: In addition to seeking services at our Student Health Center, USHIP and GSHIP policy allows for you to see providers in your treatment network. All SHIP referrals to your treatment network outside the Student Health Center must come with an authorization from our Insurance Office. Sometimes, in order to provide fair service to the campus community, we will implement a session limit on your treatment. The session limit may change annually, per policy year, and it will be applied to each student seeking our services. If you would like to continue treatment after a session limit, we will do our best to provide you with access to a new provider, and we would be happy to transition your care with appropriate release of information.

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 a different 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.

_____ I acknowledge that if I would like to change providers out of my own desire to find a better match, if I am changing within Student Health Center, I will need an exit interview / appointment with my existing provider. Also, it is my responsibility to disclose any potential conflicts of interest, such as whether or not I need to see a different provider than my friend, roommate, romantic partner or family member.

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 where you can be reached.* Please be aware that e-mail is not a confidential method by which to communicate. If you need to communicate using an online method, use the secure online messaging system through the [WH&CS Patient Portal](#) which you can access directly or via SHC's website at <http://www.shc.uci.edu/>. There will be a way to send a secure message to your provider. Secure health messages are NOT to be used for emergencies. They are for routine communications. For urgent matters, ALWAYS call the Student Health Center. If in rare cases, by accident, regular email communications are received, they will be placed in the medical record.

Psychiatry and Mental Health Services Patient Rights and Responsibilities

You will receive a courtesy automated reminder about appointments scheduled in advance. Please do not rely on these solely as assurances of your appointment time. You are still responsible for scheduling and keeping track of your appointments on your own.

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.

_____ I acknowledge that I will be asked to respond to the Student Health Center within a certain timeframe. If I do not do so, and my provider is seriously concerned about me, a welfare check may be called on me, which means that the Campus Police may be called to ascertain my safety.

_____ I acknowledge that I can use only the secure Patient Health Portal if I want to use electronic communications with my provider(s) and only for routine, non-urgent matters.

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 10:14 a.m. for a 25-minute slot scheduled for 10:00 a.m.), you will be asked to reschedule your appointment and may be subject to additional fees.

_____ I acknowledge that if I am late to my 25-minute or 45-minute appointment by more than half, I may be charged a late fee and asked to reschedule my appointment.

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 listed on your provider's voicemail. There is also a national lifeline available 24/7 if you or someone you love is at risk for suicide: (800) 273-TALK (8255) (<http://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.

Psychiatry and Mental Health Services Patient Rights and Responsibilities

Be sure to call the Student Health Center Insurance Services Office at (949) 824-2388 within 48 hours of your emergency so they can help you arrange payment for emergency medical bills.

Other Campus Units/Services: As a regularly enrolled student, you may be eligible for free counseling services at the Counseling Center on campus: (949) 824-6457. If you are a SHIP student, there is a 24/7 Nurse Line offered by the insurance plans:

USHIP (Anthem Blue Cross): (800) 977-0027
GSHIP (Anthem Blue Cross): (877)351-3457

Students with Psychiatric Emergencies also have an insurance plan number:

USHIP (Anthem Blue Cross): (844) 734-0493
GSHIP (Anthem Blue Cross): (866) 940-8306

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

- Self-monitoring about how you are doing between appointments and communicating with your psychiatrist about how you have been thinking and feeling; being prepared for each appointment of what you would like to discuss
- Taking 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; wisely managing time, demands, relationships and stressors.
- Participating with your health care provider regarding my health care decisions. Working collaboratively with your provider(s) in developing and carrying out agreed upon treatment plans. Disclosing relevant information and clearly communicating wants and needs.
- Showing respect for the staff at Student Health Center and for the other patients.
- Making a good-faith effort to meet financial obligations
- Understanding my health plan coverage and health plan options
- Abiding by administrative and operational procedures of my health plan, health care providers, and government health benefit programs
- Report wrongdoing and fraud to appropriate resources or legal authorities
- Give your feedback in written form and in electronic patient satisfaction surveys

_____ Part of your role of getting the most out of your own health care treatment includes the above and following the instructions that are given to you by your mental health team. In order to be considered an active patient on the mental health service, you will need to be seen on average one time every 90 days. This may vary and be case-specific. However, if you are travelling or plan to travel out of state or out of the country for any extended period of time, ALWAYS prepare by knowing where to seek care in the locality where you are. It may not be appropriate for your medical care to be rendered by phone without an ability to examine in person. In those times, you will be advised to be seen in person by a local provider where you are located.

We look forward to providing you with quality health care.

Psychiatry and Mental Health Services
Patient Rights and Responsibilities

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 to the foregoing.

(Signature)

(Date)

(Printed Name)