

RISD Integrated Health and Wellness

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RISD IHW Privacy Statement, Patient Bill of Rights, and Responsibilities

Privacy Statement

We, at Rhode Island School of Design (“RISD”) Integrated Health and Wellness (“IHW”), are committed and dedicated to providing our patients with high quality care. RISD IHW consists of the departments of Health Services and Counseling and Psychological Services (“CAPS”). Maintaining patient privacy and confidentiality is our top priority and a standard of quality that all of our employees uphold. Our staff is bound by state and federal laws regarding disclosure of any patient’s Personal Health Information (“PHI”). RISD IHW employees will not disclose PHI to RISD faculty, staff or any other parties, unless you consent, there is a serious danger to yourself or others, or as required by law.

Patient Bill of Rights

As a patient, you have the right to:

1. Have access to care without regard to age, sex gender identity of expression, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession.
2. At all times, be treated with consideration, dignity, and respect of your personal, cultural and spiritual beliefs.
3. Not be asked about your immigration status or asked to present proof of your legal presence in the United States.
4. Confidentiality of all records and communications, and the ability to approve or refuse the release of such information, except when release of information is required by law or is necessary to safeguard you or the RISD community.
5. Know the contents of your records.
6. Request your records and have them given to you.
7. Know the identity of the providers and other healthcare professionals interviewing, examining, and/or treating you.
8. To speak and be examined by your doctor or other healthcare provider in private.
9. Appropriate assessment and management of your symptoms.
10. Have your care needs explained and questions answered in terms that you understand.
11. Know your diagnosis, prognosis, testing, treatment plan, risk of treatment and common side of medications, if prescribed, and financial considerations associated with your health care in terms that you understand.

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12. Participate in decisions involving your care.
13. Know what other care or treatment is available to you and be informed before transfer to another facility, of the need for, and alternatives, to transfer;
14. Receive information about provider qualifications and to request to change providers.
15. Participate in the consideration of ethical issue(s) that arise in the provision of your care.
16. Refuse to be examined or treated and be informed of the consequence(s) of such decisions.
17. An interpreter, if one is needed.
18. Know you are safe and can trust RISD IHW to support and/or protect your care needs.
19. Know you will receive the best possible care honoring your care choices.

Patient Responsibilities

As a patient, it is your responsibility to:

1. Be forthcoming to provider(s) regarding your medical and mental health history and all pertinent information including, but not limited to, current symptoms, pain, and/or medication, to enhance their ability to make an accurate assessment, diagnosis, and treatment plan.
2. Take an active interest in your own outcomes and goals by asking questions about your condition and the treatment plan outlined by your provider.
3. Work with your provider to optimize your care outcome by following the treatment plan or adjusting the treatment plan with your provider accordingly.
4. Keep appointments or otherwise timely contact Health Services or CAPS to cancel or reschedule appointments.
5. Understand your health insurance policy, including lab work, outside provider referrals or hospitalizations, whether provided through RISD or a private insurance company.
6. Be respectful of others' privacy.
7. Treat RISD IHW staff and providers with dignity and respect at all times.