



BROWN DERMATOLOGY
BROWN PHYSICIANS, INC.

Your Rights and Responsibilities as a Patient

We will treat you without regard to your race, nationality, alienage, religion, beliefs, age, disability, sex, sexual orientation, gender identity or expression, veteran status or source of payment.

You have the right to considerate and respectful care, including the right to:

- Be safe from abuse or harassment.
- Have your pain treated.
- Wear appropriate clothing or cultural or religious items as long as doing this doesn't interfere with your treatment.
- Know the names of the people caring for you, what they do, and who they work for.
- Have an interpreter at no cost if you need one.
- Have an assistive (service) animal or aid if you need one.
- See your bills and have them explained to you.
- Examine and receive a copy of your medical records.
- Talk with other doctors (at your own expense).
- Have your complaints handled fairly. Your care will not be affected if you share any complaints with us.

You have the right to privacy, including the right to:

- Be examined in as private an area as possible.
- Have someone of your own sex with you when you are examined.
- Have your medical information kept private, as stated in Rhode Island law. See our Notice of Privacy Practices.

- Not have any photos or videos taken of you unless you agree to this, except as needed to treat you.

You have the right to be involved in all aspects of your care. This includes the right to:

- Know what your problem is and what this might mean for you.
- Share in decisions about your care, including getting information in a way that you can understand.
- Be told what you can expect from your treatment, its risks and benefits, other choices you may have, and what might happen if you are not treated at all.
- Have your wishes for advance care (living will, power of attorney, health care proxy) followed.
- Refuse tests or treatment (as far as the law allows) and to be told what might happen if you do.
- Give informed consent to participate in research as required by law.
- Have a support person of your choice with you in the exam room unless the presence of that person interferes with your care or other patients' care.

To keep you safe, we encourage you to become actively involved in your care by:

- Making sure we wash or foam our hands before caring for you.
- Checking for our ID badge.
- Asking questions.
- Knowing what medications you are taking and why.

It is your responsibility to:

- Give us truthful and complete information about your health, medications, and insurance.
- Ask any questions you may have about your treatment and what you need to do to take care of yourself.
- Follow your plan of treatment.
- Give us a copy of any living will, power of attorney.
- Follow all facility rules, including the no smoking policy.
- Respect other patients, staff, and property.
- Tell us if you are concerned about or notice any changes in your condition.
- Make sure your bills are paid.
- Go to all of your appointments and be on time.
- Let us know if you are concerned about your privacy.

If you have concerns or complaints: 401-270-1406