

## **COMMUNITY MENTAL HEALTH CENTER OF CRAWFORD COUNTY**

### **Consumer Rights, Complaint Procedure, Confidentiality, Responsibility, Rules & Procedures**

You can expect to be treated with dignity at all times. In turn, you have the responsibility to treat staff and other consumers with dignity. Moreover, every effort will be made to safeguard your fundamental human, legal and civil rights and to make certain that you are kept informed of your rights, including the right to legal counsel and all other due process requirements, when necessary.

#### **As a consumer, you have the following rights, which must be respected by this agency:**

1. You have the right to always be treated with dignity and respect, and not to be subjected to any verbal or physical abuse or exploitation.
2. You have the right not to be subjected to the use of any type of treatment, techniques, intervention, or practice, including the use of restraint or seclusion, done solely as a means of coercion, discipline, retaliation, or for the convenience of the staff or any volunteer, or contractor.
3. You have the right to receive treatment in the least restrictive, most appropriate manner.
4. You have the right to an explanation of the potential benefits and any known adverse effects or other risks associated with all medications that are prescribed for you.
5. You have the right to an explanation of the potential benefits and any known adverse consequences or risks associated with any type of treatment that is included in your treatment plan.
6. You have the right to be provided with information about other clinically appropriate medications and alternative treatments, even if these medications or treatments are not the recommended choice of your treating professional.
7. You have the right to refuse treatment any treatments or medications to which you have not consented, if you are voluntarily receiving treatment.
8. You have the right to be informed of the consequences to you if you fail or refuse to comply with the provision of the treatment plan or to take any prescribed medications, if you are involuntarily receiving treatment pursuant to any court order.
9. You have the right to refuse to take any experimental medication or to participate in any experimental treatment or research project, and the right not to be forced or subjected to this medication or treatment without your knowledge or express consent, given in compliance with your rights, or as consented by your guardian when the guardian has the proper authority to consent to this medication or treatment on your behalf.
10. You have the right to actively participate in the development of an individualized treatment plan, including the right to request changes in the treatment services being provided to you, or to request that other staff members be assigned to provide these services to you.
11. You have the right to receive treatment or other services from the Center in conjunction with treatment or other services obtained from other licensed mental health professionals or providers who are not affiliated with or employed by the Center, subject only to any written conditions that the Center may establish only to ensure coordination of treatment or any services.
12. You have the right to be accompanied or represented by an individual of your own choice during all contacts with the Center. This right would only be subject to denial upon determination by professional staff that accompaniment or representation:
  - Would compromise either your rights of confidentiality or the rights of other individuals;
  - Would significantly interfere with your treatment, or that of other individuals; or
  - Would be unduly disruptive to the Center's operations.
13. You have the right to see and review your clinical record, unless the Executive Administrator of the Center has determined that specific portions of the record should not be disclosed. This determination will be accompanied by a written statement placed in the clinical record, explaining why disclosure of that portion of the record at this time would be injurious to your welfare or to others closely associated with you.
14. You have the right to have staff refrain from disclosing to anyone the fact that you have previously received or are currently receiving any type of mental health treatment services, or from disclosing or delivering to anyone information or material that you have disclosed or provided to any staff member of the Center during any process of diagnosis or treatment. This right will automatically be claimed on behalf of you by the Center unless you expressly waive the privilege, in writing, or unless staff are required to do so by law or a proper court order.

15. You have the right to exercise your rights by substitute means, including the use of advance directives, a living will, a durable power of attorney for health care decisions, or through springing powers provided for within a guardianship.
16. You have the right to at any time make a complaint in accordance with K.A.R. 30-60-51 concerning a violation of any rights listed above or concerning any other matter, and the right to be informed of the procedures and process for making such a complaint.

**Any complaints you have regarding your services or treatment should be handled in the following manner:**

1. Complaint forms may be picked up from any Center employee, although to make a complaint the Center does not require you to fill out the complaint form, any format will be sufficient.
2. You will present your complaint to and discuss it with the Center employee you feel most comfortable discussing the issue with. If you are not satisfied, present your complaint in writing to a supervisor or Division Director.
3. You may confidentially submit a complaint in a sealed envelope directly to the Quality Assurance Department.
4. The Quality Assurance Department will send the complaint directly to the Executive Administrator for review.
5. The Center will review every complaint that is made, conduct any investigation as appropriate, and take appropriate action.

**You have the right to confidential treatment records. Information regarding your records is not available to any outside person, group or place unless:**

1. Unless you expressly waive the privilege, in writing;
2. Unless staff are required to do so by law or a proper court order;
3. Your guardian gives permission; or
4. An emergency situation arises in which withholding information would result in harm to you or someone else.

**Fees for services:**

1. You may be required to pay for treatment, but you cannot be denied treatment solely because of an inability to pay.
2. You will have written information about the Center's fee schedule.
3. Fees may be reduced or forgiven upon a finding by the Executive Administrator or designee that it is in your best interest.
4. You may request that the Center reduce or forgive all or part of past due charges.
5. You may file a complaint, utilizing the above complaint process, if your request that fees be reduced or forgiven is denied.

**Records are kept in locked filing cabinets and are seen only by authorized persons. Your right to privacy and confidentiality is a concern of the entire staff of the Center.**

**You have the responsibility to: SPEAK UP, ASK QUESTIONS, and TREAT OTHER PERSONS WITH COURTESY.**

**The following are rules and procedures that have been established. This is to provide continuity of care both for the benefit of consumers and staff.**

1. Physical violence between consumers, demeaning verbal abuse, overt sexual conduct, and/or possession, sale, or use of drugs, alcohol, and weapons or firearms shall be prohibited.
2. Your right to privacy and confidentiality is a concern of the entire staff of the Center. Divulgence of the names of group members is prohibited and anyone doing so is held responsible.
3. Disciplinary action to be taken will be documented in the event of a violation of these policies.

**I have read the above policies and clearly understand them and further agree to abide by these policies. I have also read and received a copy of the Center's "Notice of Privacy Practices," which explains the uses and disclosures of my protected health information.**

\_\_\_\_\_  
**Consumer's Signature (or Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**