

YOU ARE RESPONSIBLE FOR:

- Coming in for appointments as scheduled or canceling the appointment 24 hours in advance.
- Prompt payment for services provided unless other arrangements have been made.
- Notifying the receptionist of changes in address, phone number, insurance company, etc.
- Following treatment recommendations agreed upon by you and your treating professional. Failure to follow recommendations could result in less than beneficial care and possible discharge.
- Following rules for designated smoking/tobacco use areas. The use of tobacco & electronic vaporizing devices is not permitted within buildings and on property as posted.
- Asking questions anytime you do not understand services.

YOU ARE EXPECTED TO:

- Respect the privacy/dignity and safety of others while at the Center
- Not be under the influence of or actively using alcohol or illegal substances
- Not be disruptive
- Not bring any weapon(s), alcohol, or illegal drugs on the premises
- Participate in all health care decisions, including discharge planning
- Family participation is expected

CONFIDENTIALITY OF RECORDS

You have the right to privacy while receiving services. You have the right to have your personal information kept in accordance with state and federal confidentiality laws. Your medical & financial record is confidential and will be released only with your consent or (the consent of your legal guardian) or by court order, except in emergencies or as otherwise required by law. Clinical supervision is a part of our treatment process and is held to the same privacy rights. It is provided by licensed providers who may discuss, review, and sign documents in your record.

You have the right to inspect and request a copy of your records at your own expense, except when deemed harmful to you by your treating professional. In that situation, a lawyer, doctor, or psychologist can review your records on your behalf. You have the right to ask the facility to correct information in your record. If you feel there are mistakes in your record, please bring this to our attention. Your written statement about the errors and/or reason you disagree will be placed in your record.

ADVOCACY SERVICES

Information on contacting advocacy organizations such as the Mental Health Association of Tennessee, local Mental Health Associations and the Tennessee Association of Mental Health Consumers can be obtained by contacting:

YOUR LOCAL MENTAL HEALTH CENTER



Client Rights & Responsibilities

Your Rights as a Client

As a client using healthcare today, it is important that you be told about your rights. The following is a list of your basic client rights. Please read this information and ask your mental health worker any questions you may have. Your rights include:

CIVIL RIGHTS

It is the policy of Volunteer Behavioral Health Care System (VBHCS) to not discriminate in the delivery of services.

All services are provided without regard to age, race, color, sex, gender identity (including gender expression), religion, national origin, sexual orientation, language, or disability. Special arrangements are available to accommodate individuals who have physical disabilities. You have the right to receive language assistance at no cost to you; in a language you understand. You have the right to be assisted by this facility in the exercise of your civil rights.

You have the right to voice any grievances to staff of this facility, center administration or to outside representatives of your choice with freedom from restraint, interference, coercion, discrimination, or reprisal.

If you experience a problem with any service, provider or with the organization, a complaint/grievance may be made. Complaints will be accepted from you as the client, your legal guardian, a family member, foster parent, or any agency on your behalf.

1. You should discuss the complaint/grievance in detail with the treating professional assigned to the case. If the issue is resolved, no further action is taken.
2. If not satisfied, or if the nature of the complaint is such that you feel you cannot present the problem to the treating professional, you should submit a complaint to the VBHCS Center Director within 30 days of the incident.
3. If the complaint is due to a Title VI violation, the client will be referred to the VBHCS Title VI Coordinator.
4. You may ask your mental health worker for further information on filing a complaint.

TREATMENT PLANNING

You have the right to:

- ♦ An individual treatment plan in which you have personal input and review, and which is explained to you in a manner that is clear and understandable.
- ♦ Participate in the development of your program and/or treatment plan and to receive sufficient information about proposed and alternative interventions and program goals to enable you to participate in your treatment effectively.
- ♦ Be informed of the benefit, risk, and side effect(s) of your medication/treatment.
- ♦ An explanation of treatment methods.
- ♦ Be treated in the least restrictive setting possible.
- ♦ Continuity of care from one provider to another, should you need other services.

RIGHT TO REFUSE

- ♦ You have the right to refuse any treatment without your informed consent, except in an emergency situation or in special situations such as a court commitment.
- ♦ Decline to perform any services ordinarily performed by the Center staff, except as an integral part of your treatment plan.
- ♦ You have the right to participate fully, or to refuse to participate, in community activities including cultural, educational, religious, community services, vocational, and recreational activities.

DIGNITY AND COMPASSION

- ♦ You have the right to be protected by the center from neglect, physical, sexual, psychological, verbal, and emotional abuse, including corporal punishment and from all forms of misappropriation and/or exploitation. Exploitation includes such improper, unethical, and potentially harmful behaviors as sexual intimacy between a center employee and a client.

- ♦ You have the right to be treated with consideration, respect and recognition of your dignity and individuality regardless of your condition.
- ♦ You have the right to be called by your preferred or legal name.
- ♦ You have a right to be informed about your care in a language you understand.

Other Rights

- ♦ You have the right to request help in applying for services for which you are eligible.
- ♦ You have the right to ask for information on Advance Directives.
- ♦ You have the right to receive information and/or materials written in such a manner which promotes understanding of your rights and responsibilities.
- ♦ You have the right to vote, make contracts, buy or sell real estate or personal property, or sign documents, unless the law or the courts removes these rights.
- ♦ You have the right to be accorded privacy and freedom for the use of bathrooms when needed.
- ♦ You have the right to retain and use personal clothing and appropriate possessions including books, pictures, games toys, radios, arts and crafts materials, religious articles, toiletries, jewelry, and letters.

YOU WILL NOT BE RESPONSIBLE FOR:

The care of other clients, the supervision of other clients, responsibilities requiring access to confidential information, making public statements which acknowledge gratitude to the center or its' services, performing in public gatherings, having your photograph used without your/legal guardian signed consent.

NOTICE OF VBHCS USE OF RESTRAINTS AND/OR SECLUSION

To ensure the well-being and safety of all, we prioritize safety by using constructive methods to prevent and manage aggression, aiming for a violence-free environment with minimal physical intervention. Physical therapeutic holds are considered a last resort practice.