



## PATIENT RIGHTS & RESPONSIBILITIES

TITLE: <i>Patient Rights &amp; Responsibilities</i>	POLICY : Patient Rights & Responsibilities Attachment A
FUNCTION: Care of the Patients: Patient Rights Statement & Grievance Procedures	ATTACHMENT(S)/REQUIRED DOCUMENTS, MATERIALS OR FORMS: <ul style="list-style-type: none"> <li>◇ Attachment A OHP Responsibilities</li> <li>◇ Attachment B Resident Rights Adults</li> <li>◇ Attachment C Resident Rights Adolescent &amp; Children</li> <li>◇ Attachment D Patient Rights Officers</li> <li>◇ Attachment E Outside Entities</li> <li>◇ Attachment F Rights of Individuals Served</li> </ul>
REVISED DATE: January 2009	PURPOSE: The purpose of the <i>Patient Rights Statement and Grievance Procedure</i> is to assure that the rights of those we serve are observed and respected, to provide a means for people receiving services to make complaints and have those complaints heard and acted on in a timely manner, and to ensure procedures for responsive and impartial resolution of Patient grievances.
DEVELOPED BY: Director of Performance Improvement	
PAGE(S): 12	

**POLICY:**

It is the policy of OHP to offer treatment consistent with its mission statement, and to treat all patients without regard to race, ethnicity, national origin, legal status, disability, age, sex, sexual orientation, religion or sources of payment for care. The same requirements are applied to all, and patients assigned without regard to race, ethnicity, national origin, legal status, disability, age, sex, sexual orientation, religion or sources of payment for care. There is no distinction in eligibility for, or in the manner of providing Patient services. OHP will render care in a way that considers, respects and protects the personal dignity of each patient consistent with applicable laws and regulations. OHP fully complies with Section 504 of the Rehabilitation Act of 1973.

It is the policy of OHP to protect and enhance the rights of persons receiving services by educating both persons being served and staff of established rights, and providing a procedure by which complaints can be made and resolved.

All staff will treat the patient with respect and allow the grievance process to progress without reprisal.

OHP will respond to all patient grievances and concerns related to patient care/patient rights. Patients will have prompt access and may contact OHP's Patient Rights Officer (PRO) to discuss complaints or for assistance in filing a grievance. The designated Patient Rights Officer, has the responsibility to accept and oversee the Grievance Process, assisting in filing the complaint as needed, investigating the complaint, and providing the griever with a resolution to the complaint.

Any patient/consumer of OHP has the option, at any time, to file a grievance with any outside organization, including FCMHB, ADAMHS/ADAS Board, Ohio Legal Rights, U.S. Department of HHS - Civil Rights regional office in Chicago.

All OHP staff (including support staff and volunteers) shall be knowledgeable of the *Patient Rights Policy & Grievance Procedures*. New staff and volunteers shall be oriented to the Policy/Procedures during their initial new employee/hire orientation and by their immediate supervisor. Thereafter, all staff shall be able to provide interested patients with information and clarification of (all aspects) patient rights, as well as advocate for patients that are unable to do so themselves.

## PATIENT RIGHTS & RESPONSIBILITIES

**In accordance with Paragraph G of Rule 5122:2-1-02 of the Administrative Code, OHP will ensure the following PATIENT RIGHTS for all Patients participating in OHP programs:**

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to service in a humane setting which is the least restrictive feasible, as defined in the treatment plan.
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives.
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment, or therapy on behalf of a minor patient.
5. The right to a current, written, individualized service/treatment plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available either directly or by referral.
6. The right to active and informed participation in the establishment, periodic review and reassessment of the service plan.
7. The right to freedom from unnecessary or excessive medication.
8. The right to freedom from unnecessary restraint or seclusion.
9. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the patient's participation in other services. This necessity shall be explained to the patient and written in the patient's current service plan.
10. The right to be informed of and refuse any unusual or hazardous treatment procedures.
11. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs.
12. The right to have the opportunity to consult with independent treatment specialists or legal council, at one's own expense.
13. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the patient or parent or legal guardian of a minor child or court appointed guardian of the person of an adult patient, in accordance with rule 5122:2-3-11 of the Administrative Code.
14. The rights to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual patient for clear treatment reasons in the patient's treatment plan. A clear treatment reason shall be understood to mean only severe emotional damage to the patient, such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the patient and other persons authorized by the patient the factual information about the individual patient that necessitates the restriction. The restriction must be renewed at least annually, to retain validity. Any person authorized by the patient has unrestricted access to all information. Patients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.
15. The right to be informed in advance of any reason for discontinuance of services.
16. The right to be informed in advance of any reason for discontinuance of service provision, and to be involved in planning for the consequences of the discontinuance of service.
17. The right to receive an explanation of the reasons for denial of services.
18. The right not to be discriminated against in the provision of service on the basis of race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, sexual orientation, HIV infection, AIDS-related complex, AIDS, inability to pay or method of payment.
19. The right to know the cost of services.
20. The right to be fully informed of all rights.
21. The right to exercise any and all rights without reprisal in any form, including continued and uncompromised access to service.
22. The right to file a grievance.
23. The right to have oral and written instructions for filing a grievance.

## PATIENT RIGHTS & RESPONSIBILITIES

### ATTACHMENT A

#### I. OHP RESPONSIBILITIES:

- A. OHP provides that every staff person, including administrative and support staff.
  1. is familiar/knowledgeable with *Patient Rights & Grievance Procedures*,
  2. understands and has ability to make referral of Patients to the PRO,
  3. and if requested, will assist the patient in the grievance process.
  4. all staff shall be able to provide interested patients with information and clarification of (all aspects of) patient rights, as well as advocate for patients that are unable to do so themselves.
- B. OHP will designate specific patient advocate(s) to serve as Patient Rights Officer(s) (PRO)'s).
- C. Staff Training
  1. OHP will ensure that PRO(s) is/are appropriately trained and knowledgeable in the fundamental human, civil, constitutional and statutory rights of psychiatric patients including the role of the Ohio Legal Rights Service.
  2. All staff will receive copies of this policy each time the policy is revised or updated.
  3. The policy will be presented, explained and discussed at team meetings by the Patient Rights Officer or designee.
  4. All new staff will receive a copy of this policy during their orientation and will be trained regarding the rights and grievance procedure. Receipt of said policy will be documented in their personnel file.
- D. Upon admission, or the next subsequent appointment, all patients will receive both a copy and verbal explanations of the *Patient Rights Statement & Grievance Procedures* and, if appropriate, all related attachments, ensuring patient has signed receipt of same.
- E. In a crisis or emergency situation, the person seeking services shall be verbally advised of at least the immediately pertinent rights, such as the right to consent to or refuse the offered treatment and the consequences of the agreement or refusal. A full explanation of rights may be delayed to a subsequent meeting.
- F. OHP will provide assistance in filing the grievance if needed by the griever, investigation of the grievance on behalf of the griever, and agency representation for the griever at the agency hearing on the grievance if desired by the griever through the Patient Rights Officer.
- G. Any recipient of the OHP's mental health service receives and signs a *Patient Rights Statement & Grievance Procedures* at the first interview, including *Resident Rights (Attachment B)* for those entering Residential programs. At that time, staff will review and explain all aspects of the *Patient Rights Statement & Grievance Procedures* with the patient, answering any questions the patient might have. If an emergency precludes this, the statement will be given to the patient, or if necessary, a family member, of pertinent rights such as the right to consent or refuse the offered treatment and consequences of that agreement or refusal.
- H. All OHP patients may have a copy and explanation of the *Patient Rights Statement & Grievance Procedures* upon request.
- I. Parents and/or custodial facility representatives will receive a copy of the *Patient Rights Statement & Grievance Procedures* and have both explained verbally.
- J. Any community services patient/organization may have a copy and explanation of the *Patient Rights Statement & Grievance Procedures* upon request.
- K. Any Patient expressing dissatisfaction with services provided or having a question regarding his/her rights will be given a copy of the *Patient Rights Statement & Grievance Procedures* and will be encouraged to call the Patient Rights Officer (PRO).

## PATIENT RIGHTS & RESPONSIBILITIES

### II. PATIENT RIGHTS OFFICER(S)

Columbus facility(ies):  
Patient Rights Officer - *Chris Halley*  
Alternate Patient Rights Officer – *Nick Schmidt*  
Alternate Patient Rights Officer – *Quincy Jenkins*  
880 Greenlawn Avenue  
Columbus, Ohio 43223  
Telephone (614) 449-9664

### III. PRO RESPONSIBILITIES:

- A. OHP's Patient Rights Officer (PRO) has responsibility to accept and oversee the process of any grievance filed by a patient or other person or other agency on behalf of a patient.
- B. Be accessible in person during normal business hours, and during evenings, weekends and holidays as needed for advocacy issues.
- C. The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973 (non-discrimination against the Disabled) is OHP's Patient Rights Officer, in the Cleveland location.
- D. Ensure a copy of the Patient Rights Policy is posted in a conspicuous location at all OHP facilities - a list of Patient Rights, including Resident Rights for Residential programs, and the Grievance Procedure shall be posted in each reception area and waiting room in any OHP facility.
- E. The Alternate (PRO) acts as Patient Rights Officer if:
  1. The Patient Rights Officer is the subject of the complaint or unavailable for any reason;
  2. The PRO is a member of the patient's treatment team and/or has clinical management or care responsibility for the patient for whom s/he is acting as the PRO for.
- F. If the Patient Rights Officer feels at any time during the investigation that disciplinary action could be necessary if the complaint is substantiated, then Management will be brought into the investigation. The Patient Rights Officer and Management will complete the investigation together. A decision will be made regarding the resolution to the grievance and the patient will receive written notification of this resolution. If staff disciplinary action is taken, this will be stated in the written notification. Actual staff discipline would then be a matter for Management to decide independent from the Patient Grievance Process.
- G. The OHP Patient Rights Officer assures the keeping of records of grievances received, the subject matter of the grievances, and the resolution of the grievances; these records shall be maintained for a period of at least two years.
  1. The PRO documents all of their interactions with the Patient.
  2. The PRO ensures that a written report of each complaint and the resolution is compiled and a copy placed in the child's record.
  3. The PRO will keep the QA/PI Director, Administrator and President informed of the grievances files, status and resolution. The PRO will ensure that any complaint not resolved w/in thirty calendar days of the filing of the complaint is reviewed by the Administrator of the facility w/in thirty calendar days of the filing of the complaint.
  4. The PRO will provide quarterly reports/summaries of Patient rights/grievances activities to the QA/PI Director, Administrator, President and HMIG Governing Board Ethics Committee.
  5. OHP records are available for review by the Cuyahoga County Mental Health Board (CCCMHB), Franklin County Alcohol and Drug Addiction Mental Health Board and/or the Ohio Department of Mental Health (ODMH) upon request.
  6. OHP shall submit annual summary/report of number of grievances, type of grievances and resolution status of grievances in accordance with regulatory standards to community mental health boards, ODMH, etc.

## PATIENT RIGHTS & RESPONSIBILITIES

### IV. PATIENT RESPONSIBILITIES:

- A. Be actively involved in your service or treatment plan.
- B. Treat staff in a respectful manner.
- C. Contact your insurer or managed care company for up-to-date coverage information and permit your counselor to contact your managed care provider about service recommendations;
- D. Provide accurate financial information so that OHP can arrange reimbursement for the services you receive and establish your payment amount;
- E. Keep your appointments, and if you are unable to do so, notify the agency at least 24 hours in advance; otherwise there will be a charge for the appointment; and
- F. Implement the plans you agreed to with your counselor, care coordinator, or community support worker.

### V. GRIEVANCE PROCEDURES:

- A. There are no timelines for how quickly you must file your grievance after an incident occurs; however, you are encouraged to bring your complaints as soon as possible to a Patient Rights Officer (PRO).
- B. All staff may immediately advise any Patient about the Patients Rights Officer (PRO) and the right to file a grievance.
- C. The PRO may be contacted in writing, by telephone or in person.
- D. The griever may initiate a complaint directly with any or all of the outside entities specified without first using the agency grievance process. You have the option, at any time, to take your complaint to any or all outside agencies or organizations that could help you with your complaint, including those listed in this procedure, (Attachment E). OR
- E. You have prompt access and may contact OHP's Patient Rights Officer (PRO) to discuss your complaint or for assistance in filing a grievance.
- F. Be assisted by an advocate of your choice, for example, family, friend, case manager, member of consumer advocacy committee or organization, etc.
- G. In an emergency, the PRO may be paged. In the event the PRO cannot be reached, complaints can be forwarded to the Director of Risk Management 614-445-5316.
- H. The designated Patient Rights Officer, has the responsibility to accept and oversee the grievance process, assisting in filing the complaint as needed, investigating the complaint, and providing the griever with a resolution to the complaint.
- I. Filing a grievance/process:
  1. If you choose to use OHP's grievance procedure, OHP's PRO is required to investigate and attempt to resolve your grievance within seven (7) business days after you submitted your grievance in writing.
  2. The grievance must be submitted in writing; the Patient Rights Officer (PRO); any staff can assist you with this; you must sign and date the complaint/grievance.
  3. Upon filing the grievance, the PRO will initiate the investigation within three (3) working days of the filing of the grievance, and will notify the grievant in writing that the investigation has been initiated.
  4. The Patient Rights Officer will investigate all complaints and grievances, gathering facts and speaking to all parties involved. If requested by the griever, the PRO will represent the griever at the agency hearing.
  5. Within the first 2-3 days, the PRO will meet with the grievant and attempt to resolve the grievance if at all possible.

## PATIENT RIGHTS & RESPONSIBILITIES

6. If all involved parties are able to reach a resolution, the written resolution will be given to you and the process will be concluded.
7. The grievant or their designated representative will be provided a reasonable opportunity to be heard by an impartial decision-maker or the grievant may elect to have the grievance reviewed by an impartial committee.
  - Committee membership will be agreed upon by both the grievant and the PRO.
  - Members of this Impartial Committee may include any of the following: case manager, clinician, coordinator, probation officer, custodial/facility representative, volunteer, teacher, family member or other person identified by the grievant.
  - This committee will attempt to obtain a quick resolution, and will meet with the grievant within 2-3 working days following the decision of the impartial committee.
  - If all involved parties are able to reach a resolution, the written resolution will be given to you and the process will be concluded.
  - If a quick resolution is not obtained, the PRO or the impartial Committee will gather all pertinent information and will notify the grievant in writing when the information is completed. The grievant will be provided a written response and proposed resolution within the second ten (10) day period following the filing of the grievance.
  - If resolution is still not reached, the Patient shall be advised including a written explanation of reason why the complaint has not been resolved, and referred to any or all of the following outside entities (see Attachment D) within twenty working days of the initial agency notification. The written grievance must clearly state the nature of the complaint. It should include the date and time of the incident as well as the names of all individuals involved.
- J. If you choose to file a grievance with OHP and are dissatisfied with the resolution to your grievance, you also have the option to contact any of the agencies listed on Attachment D to further pursue your concerns.
- K. If you choose to take your grievance to an outside organization, OHP will provide them with all relevant information about the grievance, if you so desire. (OHP will provide, upon request, all relevant information about the grievance to one or more of the organizations to which the griever has initiated a complaint.)
- L. All steps in the grievance process shall take no longer than twenty (20) days to process, as the Patient has the right to a swift response to his/her grievance. At every step the Patient has the right to a fair and impartial hearing.
- M. Written notification and explanation of the resolution will be provided to the Patient at the end of each step, or to the griever, if other than the Patient, with the Patient's permission.
- N. In situations in which the Patient Rights Officer (PRO) is the subject of the grievance or if the PRO is unavailable for any reason, the Patient may contact the Alternate Patient Rights Officer.

### ATTACHMENT B

#### I. RESIDENT RIGHTS: ADULTS

In addition to the rights of all Patients at OHP, ADULT Patients/residents also have the following rights, pursuant to ODMH Licensure Rules (Section 5122-30-22 (B) of the Administrative Code.

- A. The right to a comfortable, welcoming, stable and supportive living environment in the residential facility;
- B. The right to participate in the establishment of, and to have the least restrictive policies, procedures, or house rules, commensurate with the comfort and safety of all residents;
- C. The right to be informed of one's own condition, the reason(s) for recommended residency in the facility, and the available alternatives to such residency;
- D. The right to active and informed participation in identification and choice of personal care assistance and mental health services to be provided, as applicable to the type of licensed facility, and in the periodic review and reassessment of such provisions;
- E. The right to consent to or refuse residency in the residential facility and/or the provision of any individual personal care activity and/or mental health services;
- F. The right to reside in a residential facility, as available and appropriate to the type of care or services that the facility is licensed to provide, regardless of previous residency, unless there is a valid and specific necessity which precludes such residency. This necessity shall be documented and explained to the prospective resident;
- G. The right to reasonable assistance from the facility, or a mental health service provider, that enables and facilitates personal growth and development toward less dependent and less restrictive living environments;
- H. The right to freedom from any unusual or hazardous practices or activities;
- I. The right to reasonable privacy and freedom from excessive intrusion by visitors, guests, and inspectors;
- J. The right to reasonable privacy and freedom to meet with visitors, guests, or inspectors, make and/or receive phone calls, write or receive uncensored, unopened correspondence;
- K. The right to confidentiality of written information and communications;
- L. The right to have access to all information in facility records about one's self; unless contraindicated and noted in the resident's ISP/service plan;
- M. The right to receive thirty days prior notice for termination of residency in Type 2 and 3 residential facilities except in an emergency;
- N. The right to vacate the facility at any time, except that the responsibility to pay for incurred costs of room and board shall continue unless appropriate notification has been provided to the facility concerning the termination of the residential agreement;
- O. The right not to be discriminated against in the provision of any assistance, activity, or service in the basis of religion, race, color, disability, creed, sex, national origin, age or life-style;
- P. The right to written specifications of charges, facility and resident obligations and responsibilities;
- Q. The right to compliance by the facility with all of the requirements for licensure;
- R. The right to exercise any and all rights without reprisal in any form, including the right to continued residency. Such rights shall not supersede health and safety considerations, and for Type 1 facilities, the right to refuse mental health services shall not be a condition for denial of continued stay in the facility;
- S. The right of access to one's own bedroom or sleeping area at any time, unless contraindicated and noted in the resident's service plan; and
- T. The rights to grieve, appeal, and have due process afforded for an alleged violation of any paragraph of this rule.

## PATIENT RIGHTS & RESPONSIBILITIES

### ATTACHMENT C

#### I. RESIDENT RIGHTS: ADOLESCENTS/CHILDREN

- A. In addition to the rights of all Patients at OHP, CHILD/ADOLESCENT Patients/residents also have the following rights, pursuant to ODMH Licensure Rules (Section 5122-30-22 (C), (D) of the Administrative Code.
- B. No residential facility, or any employee of a residential facility, shall violate any of the following rights of children:
  1. The right to enjoy freedom of thought, conscience and religion;
  2. The right to reasonable enjoyment of privacy;
  3. The right to have his/her opinions heard and be included, to the greatest extent possible, when any decisions are being made affecting his/her life;
  4. The right to receive appropriate and reasonable adult guidance, support and supervision;
  5. The right to be free from physical abuse and inhumane treatment;
  6. The right to be protected from all forms of sexual exploitation;
  7. The right to receive adequate and appropriate medical care;
  8. The right to receive adequate and appropriate food, clothing and housing;
  9. The right to his/her own personal property (including money) commensurate with the child's developmental age and safety needs;
  10. The right to live in clean, safe surroundings;
  11. The right to participate in an appropriate educational program;
  12. The right to communicate with family, guardian, custodian, friends and significant others outside the facility, in accordance with the child's ISP;
  13. The right to be taught to fulfill appropriate responsibilities to him/herself and others; and
  14. Reasonable access to the child's own bedroom or sleeping area at anytime, commensurate with the child's developmental age and safety needs.
  15. OHP shall allow children/adolescents to send or receive mail subject to the facility's rules regarding contraband and directives from the legal custodian, when such rules and directives do not conflict with federal postal regulations.

## PATIENT RIGHTS & RESPONSIBILITIES

### ATTACHMENT D

YOUR PATIENT RIGHTS OFFICERS ARE:

PRO's:

Columbus facility(ies):  
Patient Rights Officer - *Chris Halley*  
Alternate Patient Rights Officer – *Nick Schmidt*  
Alternate Patient Rights Officer – *Quincy Jenkins*  
880 Greenlawn Avenue  
Columbus, Ohio 43223  
Telephone (614) 449-9664



## PATIENT RIGHTS & RESPONSIBILITIES

### ATTACHMENT E

#### OUTSIDE ENTITIES:

IF YOU CHOOSE TO FILE A GRIEVANCE WITH OHP AND ARE DISSATISFIED WITH THE RESOLUTION TO YOUR GRIEVANCE, YOU ALSO HAVE THE OPTION TO CONTACT ANY OF THE AGENCIES LISTED BELOW TO FURTHER PURSUE YOUR CONCERNS. OR ..... YOU MAY CONTACT ANY OF THE AGENCIES LISTED BELOW TO PURSUE YOUR CONCERNS.

Ohio Department of Alcohol and Drug Addiction Services  
Civil Rights Office  
Two Nationwide Plaza, 280 North High Street, 12<sup>th</sup> Floor  
Columbus, OH 43215-2550  
(614) 466-3445

Franklin County ADAMH Board (*Columbus facilities*)  
447 East Broad Street  
Columbus, OH 43215  
(614) 224-1057

Joint Commission on Accreditation of Healthcare  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
(630) 792-5636

Attorney General's Office  
Health Care Fraud Unit  
150 East Gay St., 17<sup>th</sup> Floor  
Columbus, OH 43215  
(614) 466-0722

*To grieve nurses:*  
State Board of Nursing  
17 South High Street, Suite #400  
Columbus, OH 43215-3413  
(614) 466-3947

Office for Civil Rights – Region V  
U.S. Department of Health and Human Services  
233 North Michigan Avenue, Suite #240  
Chicago, IL 60601  
(312) 886-5078; TDD/TTY: (312) 353-5693

Ohio Civil Rights Commission– Central Office  
111 East Broad Street, Suite #301  
Columbus, OH 43205-1379  
(888) 278-7101

Ohio Department of Mental Health  
Patient Advocacy Coordinator  
30 East Broad Street, 8<sup>th</sup> Floor  
Columbus, OH 43266-0414  
(614) 466-2333

Ohio Governor's Council on People with Disabilities  
400 East Campus View Blvd.  
Columbus, OH 43235  
(800) 282-4536, x1391 (voice or TDD)

Ohio Legal Rights Services  
50 West Broad Street, Suite 1400  
Columbus, OH 43215-5923  
(614) 466-7264  
(800) 282-9181; TTY (800) 858-3542

*To grieve psychiatrists and other medical doctors:*  
State Medical Board  
77 High Street, 17<sup>th</sup> Floor  
Columbus, OH 43266-0315  
(614) 466-3934

*To grieve psychologists:*  
State Board of Psychology  
77 So. High Street, 18<sup>th</sup> Floor  
Columbus, OH 43215-6127  
(614) 466-8808

*To grieve social workers and counselors:*  
Counselor & Social Work Board  
77 So. High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215-6180  
(614) 466-0912

**ATTACHMENT F**

RIGHTS OF INDIVIDUALS SERVED

**RIGHTS OF INDIVIDUALS SERVED**

Individuals served in residential facilities are guaranteed the following rights by section 5123.62 of the Revised Code.

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a humane setting which is the least restrictive feasible as defined in the Treatment Plan;
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor Patient;
5. The right to a current written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the Service Plan;
7. The right to freedom from unnecessary or excessive medication;
8. The right to freedom from unnecessary restraint or seclusion;
9. The right to participate in any appropriate and available facility service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the Patient's participation in other services. This necessary shall be explained to the Resident and written in the Resident's current Service Plan.
10. The right to be informed of and refuse any unusual or hazardous treatment procedures;
11. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
13. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, State or Federal statutes, unless release of information is specifically authorized by the Resident or parent or legal guardian of a minor Resident or court-appointed guardian of the person of an adult Resident in accordance with rule 5122:2-3-11 of the Administrative Code.
14. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual Resident for clear treatment reasons in the Resident's Treatment Plan. "Clear Treatment Reasons" shall be understood to mean only severe emotional damage to the Patient such that dangerous or self-injurious behavior is an eminent risk. The person restricting the information shall explain to the Resident and other persons authorized by the Resident the factual information about the individual Resident that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the Patient has unrestricted access to all information. Patients shall be informed in writing of facility policies and procedures for viewing or obtaining copies of personal records;
15. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;



## **PATIENT RIGHTS & RESPONSIBILITIES**

16. The right to receive an explanation of the reasons for denial of service;
17. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
18. The right to know the cost of services;
19. The right to be fully informed of all rights;
20. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
21. The right to file a grievance; and
22. The right to have oral and written instructions for filing a grievance.