

YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT AT HIGH PLAINS MENTAL HEALTH CENTER

You have a right to:

Apply for a fee based upon your ability to pay if you live in one of the counties that provides financial support to the Center, if applicable, and to be informed of our fee policies.

Receive services without discrimination because of your race, color, national origin, age, disability, sex, religion, sexual orientation, gender identity or inability to pay.

Treatment in the least restrictive, most appropriate manner possible.

Be treated with dignity and respect, and not be subjected to any verbal or physical abuse or exploitation.

Actively participate in the development of an individualized treatment plan, including the right to request a change of treatment or staff member within the limits of the Center's ability.

Receive a referral to another provider if we are unable to provide a treatment you need or request.

An explanation of potential benefits, known adverse consequences, known side effects or other risks associated with all medications or treatment prescribed.

Refuse any or all forms of treatment or evaluation, unless the service is ordered by a court, or unless the physical safety of yourself or others would be jeopardized.

Be provided with information about other clinically appropriate medications and alternative treatments, even if these medications or treatments are not the recommended choice of the Center's treatment staff.

To exercise your rights by substitute means, including the use of advance directives, a living will, a durable power attorney for health care decisions, or through other legal means.

See and review the written material in your records,

by request, except that the Center may refuse to disclose specific portions of the record if it is believed such disclosure would be injurious to your welfare or to others closely associated with you.

Not be subjected to the use of any type of treatment or intervention, including the use of restraint or seclusion, done solely as a means of coercion, discipline and retaliation, or for the convenience of the Center.

Refuse to take any experimental medication, or to participate in any experimental treatment or research project without your written consent or the consent of your guardian if you have such.

Receive services from the Center in conjunction with services from other licensed mental health providers who are not affiliated with or on the Center's staff, subject to written conditions the Center may establish to assure coordination of treatment. To receive treatment recommendations, if applicable, upon discharge.

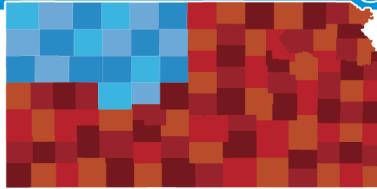
Be accompanied or represented by a person of your choice during contacts with the Center, subject to a determination by Center staff that the accompaniment would not compromise your rights of confidentiality, significantly interfere with your treatment, interfere with the rights of others, or be unduly disruptive to the Center's operations.

Make a complaint or file a grievance concerning a violation of any of these rights or any other matter. Complaints should be stated in writing, in letter form, and addressed to the Manager of Quality Improvement. You may be assisted by a person or persons of your choosing. To receive a timely response and to be free from retaliation for filing a grievance.

Seek an explanation, if you are an involuntary patient, from your legal counsel, of the possible legal consequences if you fail or refuse to follow prescribed treatment or take prescribed medication.

Be informed of your rights upon admission and at least annually.

We're Here For You!



Serving Northwest Kansas

After-Hours and
Emergency Phone Number
1 (800) 432-0333

Contact Us:

Hays	208 E. 7th	785-628-2871
Colby	750 S. Range	785-462-6774
Goodland	723 Main St.	785-899-5991
Norton	211 S. Norton	785-877-5141
Phillipsburg	783 7th St.	785-543-5284
Osborne	209 W. Harrison	785-346-2184

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de High Plains Mental Health Center, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1 (844) 787-4924.

Nếu bạn có quyền, hay người mà bạn đang giúp đỡ, có câu hỏi về High Plains Mental Health Center, bạn có quyền để được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1 (844) 787-4924.

Rights
and
Responsibilities

High
Plains
MENTAL HEALTH
CENTER

We're Here for You!

www.hpmhc.com

Request to restrict a disclosure to your health insurance company for purposes of treatment or health care operations so long as you have paid for the underlying service in full.

Confidentiality of your records and information in accordance with the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding whether you currently are or have been a patient. This privilege extends to all professional disciplines as well as any other employee who obtains knowledge of treatment information while working for this mental health center.

The Center will participate with an approved Health Information Organization (HIO) for the transfer of information under Kansas Law (K.S.A. 65-6801 through 65-6834).

1) All patients are given Notice of Information and Privacy Practices and a Patient Rights Brochure containing information regarding disclosure of information to an approved HIO ("Notice").

2) The Center will not disclose an individual's protected health information (PHI) to an approved HIO unless and until the individual (or his/her personal representative) has received written notice regarding electronic health information exchange.

3) An individual (or his/her personal representative) may direct that none of the individual's PHI be accessible to any person or entity through an approved HIO from that point forward. Notwithstanding such direction, an approved HIO may permit access to the individual's PHI by a properly authorized individual only as necessary to report specific information to a government agency as required by law (e.g., reporting of certain communicable diseases or suspected incidents of abuse).

4) The Center will not permit an approved HIO access to an individual's PHI unless and until the Center has knowledge that the individual has received the Notice from the Center or through another source.

Additionally, each client receiving substance use services is entitled to the following rights and privileges without limitations:

To be treated with dignity and respect.

To be free from abuse, neglect, exploitation, and restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.

To a safe, sanitary, and humane living environment that provides privacy and promotes dignity.

To receive treatment services free of discrimination based on the client's race, religion, ethnic origin, age, disabling or a medical condition, and ability to pay for services.

To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except for: Photographing for identification and administrative purposes as provided by R03-602, or video recordings used for security purposes that are maintained only on a temporary basis.

To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.

To confidential, uncensored, private communication that includes letters, telephone calls, and personal visits with an attorney, personal physician, clergy, Department for Aging and Disability Services staff, or other individuals unless restriction of such communication is clinically indicated and is documented in the client record.

To practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in program policy.

To be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice, or belief.

To receive an individualized treatment plan that includes the following: client participation in the development of the plan and periodic review and revision of the client's written treatment plan.

To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health.

To receive a referral to another program if the licensee is unable to provide a treatment service that the client requests or that is indicated in the client's assessment or treatment plan.

To have the client's information and records kept confidential and released according to the State of Kansas Alcohol and Drug Program Licensing Standards R03-602. Confidentiality of alcohol and drug abuse patient records is protected by Federal laws and regulations.

(See 42 U.S.C. #s 290ee-3, 290ff-3 for Federal laws and 42 CFR Part 2 for Federal Regulations.)

To be treated in the least restrictive environment consistent with the client's clinical condition and legal status.

To consent in writing, refuse to consent, or withdraw written consent to participate in research, experimentation, or a clinical trial that is not a professionally recognized treatment without affecting the services available to the client.

To exercise the licensee's grievance procedures:

Grievances can be made to the Manager of Quality Improvement by phone (800-432-0333) or in writing (208 E 7th Street, Hays, KS 67601)

Grievances may also be submitted by phone (785-296-6807) or in writing directly to Behavioral Health Services:

**Community Services and Programs Commission
Behavioral Health Services
New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404**

To receive a response to a grievance in a timely and impartial manner.

To be free from retaliation for submitting a grievance to a licensee, the Department for Aging and Disability Services, or another entity.

To receive one's own information regarding: medical and psychiatric conditions, prescribed medications including the risks, benefits, and side effects, whether medication compliance is a condition of treatment, and discharge plans for medications.

To obtain a copy of the client's clinical record at the client's own expense.

To be informed at the time of admission and before receiving treatment services, except for a treatment service provided to a client experiencing a crisis situation, of the fees the client is required to pay and refund policies and procedures.

To receive treatment recommendations and referrals, if applicable, when the client is to be discharged or transferred.

You have a responsibility to:

- Provide, to the extent possible, adequate clinical, insurance, financial, and demographic information necessary for the Center to provide services.
- Participate, to the extent possible, in understanding your mental health care problems and developing mutually agreed upon treatment goals.
- Participate in the treatment plan and instructions for care that have been agreed upon; or discuss changes in your treatment plan with Center treatment staff.
- Authorize communication with your primary healthcare practitioners and other providers who are essential to a coordinated plan of care.
- Let the appropriate therapist, nurse, or recovery specialist know if a crisis or emergency situation exists.
- Keep appointments or cancel prior to 24 hours.
- Notify the therapist or clerical staff of any special arrangements you need due to a disability or special condition.
- Respect the confidentiality of other patients and individuals.
- Notify the appropriate therapist, nurse or physician of problems with medications, changes in your medications, or the initiation of medications or changes in medications made by other physicians.
- Notify the appropriate therapist, nurse, recovery specialist, or the Manager of Quality Improvement of dissatisfaction with services.
- Notify the therapist if you plan not to return for services.
- Treat all Center staff and property with courtesy and respect.
- Assist the Center in maintaining a safe environment.
- Notify the receptionist of changes in any of the following: name, address, telephone number, insurance, and financial status.
- Make sure payments for services are made in a timely manner or discuss with the Patient Accounts Clerk.
- Provide for the care and supervision of your children while you are receiving services.