

GULF COAST MENTAL HEALTH CENTER

**Rights of Individuals
Receiving Services**

Name _____

ID Number _____

Initial

Annual Review

I, _____ Name _____ began receiving services provided by GULF COAST MENTAL HEALTH CENTER Name of Provider _____
on _____ Intake/Admission Date _____ and have been informed of the following:

1. My options within the program and of other services available
2. The program's rules and regulations
3. The responsibility of the program to refer me to another agency if this program becomes unable to serve me or meet my needs
4. My right to refuse treatment and withdraw from this program at any time
5. My right not to be subjected to corporal punishment or unethical treatment which includes my right to be free from any forms of abuse or harassment and my right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff
6. My right to voice my opinions, recommendations and to file a written grievance which will result in program review and response without retribution
7. My right to be informed of and provided a copy of the local procedure for filing a grievance/complaint at the local level or with the DMH Office of Consumer Support
8. My right to privacy in respect to facility visitors in day programs and residential programs as much as physically possible
9. My right regarding the program's nondiscrimination policies related to HIV infection and AIDS
10. My right to be treated with consideration, respect, and full recognition of my dignity and individual worth
11. My right to have reasonable access to the clergy and advocates and have access to legal counsel at all times
12. My right to review my records, except when restricted by law
13. My right to fully participate in and receive a copy of my Individual Service Plan/Plan of Care. This includes: 1) having the right to make decisions regarding my care, being involved in my care planning and treatment and being able to request or refuse treatment; 2) having access to information in my clinical records within a reasonable time frame (5 days) or having the reason for not having access communicated to me; and, 3) having the right to be informed about any hazardous side effects of medication prescribed by staff medical personnel
14. My right to retain all Constitutional rights, except when restricted by due process and resulting court order
15. My right to have a family member or representative of my choice notified should I be admitted to a hospital
16. My right to receive care in a safe setting
17. My right to confidentiality regarding my personal information involving receiving services as well as the compilation, storage, and dissemination of my individual case records in accordance with standards outlined by the Department of Mental Health and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), if applicable

Additionally, rights for individuals in supervised and residential living arrangements:

18. My right to be provided a means of communicating with persons outside the program
19. My right to have visitation by close relatives and/or significant others during reasonable hours unless clinically
20. My right to be provided with safe storage, accessibility, and accountability of my funds contraindicated and documented in my case record
21. My right to be permitted to send/receive mail without hindrance unless clinically contraindicated and documented in my case record
22. My right to be permitted to conduct private telephone conversations with family and friends, unless clinically contraindicated and documented in my case record

Release of Information Without Consent: This service provider/program/facility may, without consent, divulge information and/or contact a third party(ies) regarding the individual receiving services if there is indication, by word or action, that he/she: (1) is, or recently has been, abusing a child, or has been abused; (2) intends to physically harm another person; (3) intends to physically harm his or her self; (4) is unable to provide for his/her own physical safety, including but not limited to, a medical emergency; or (5) if necessary for the continued treatment of the individual receiving services; or (6) in the case of marital/couples counseling, information in the chart cannot be disclosed without the written consent of both parties.

Court Order Policy: Written information/materials regarding the individual receiving services are subject to Court Order. Should a court order all, or any portion of, the case records of the individual receiving services, this service provider will submit them to the court.

I have been informed of, understand, and have received a written copy of the above information.

Individual Receiving Services

Date

Legal Representative

Date

Staff/Credentials

Date

Relation to Individual