

Client Name: _____

Client #: _____



Client Rights

The following is a list of individual rights. An individual shall not be deprived of any rights, benefits or privileges guaranteed by law, the Constitution of the United States, or the Constitution of the State of Illinois solely on account of the receipt of such service. Also, your rights are protected and all services provided to you comply with the Department of Mental Health and Developmental Disabilities Code (Chapter 2). The Mental Health Centers of Western Illinois wants you to know and understand your rights.

- 1) Access to services will not be denied on the basis of age, sex, race, color, religious beliefs, religion, physical or mental disability, disability, gender identity, sexual orientation, national origin, marital status, ethnicity, HIV status, legal status, or criminal record.
- 2) You have the right to have disabilities accommodated as required by the American With Disabilities Act of 1990, section 504 of the Rehabilitation Act, and the Human Rights Act [775 ILCS 5]. As a provider, MHCWI will make reasonable accommodation for the delivery of services to any individual for whom a site is inaccessible. You will have nondiscriminatory access to services in accordance with the American's With Disabilities Act.
- 3) Each individual is guaranteed the right of confidentiality of all communications and documentation with staff as governed by the Health Insurance Portability & Accountability Act of 1996 (HIPPA), Mental Health & Developmental Disabilities Confidentiality Act, the Confidentiality of Alcohol & Drug Abuse Patient Records regulations, the AIDS Confidentiality Act, and AIDS Code, as well as the policies of the Mental Health Centers of Western Illinois.
- 4) HIV and/or AIDS counseling or testing services shall be maintained in separate records available only to counseling or testing staff. You have the right to confidentiality of your status and records, including HIV status and testing as provided for under Illinois law.
- 5) An individual or individual's guardian has the right to authorize or withhold consent regarding confidential information contained in the clinical record. An individual may request in writing to review his/her record under the supervision of the counselor.
- 6) An individual shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an Individual Treatment Plan, which shall be formulated and periodically reviewed with the participation of the individual and/or individual's guardian.
- 7) An individual or individual's guardian will be provided with necessary information or documentation (i.e. benefits, risks, side effects or financial cost) in order to make an informed decision regarding treatment, including medication.
- 8) An individual or individual's guardian has the right to refuse generally accepted mental health/ substance abuse services, including, but not limited to, medication. If services are refused, the individual will be informed of alternative services and also the risks of these services, as well as the possible consequences to the individual due to his/her refusal of services. If such services are refused, they shall not be given unless such services are necessary to prevent the individual from causing serious harm to him/herself or others.
- 9) The Mental Health Centers of Western Illinois does not utilize restraint or seclusion as therapeutic interventions with an individual.
- 10) An individual shall be free from neglect, physical abuse, sexual abuse, harassment, physical punishment, and psychological abuse including humiliating, threatening and exploitative actions.
- 11) An individual will not be subject to fiduciary abuse or exploitation by staff of the Mental Health Centers of Western Illinois.
- 12) An individual has the right to contact Guardianship and Advocacy Commission; Equip for Equality, Inc.; Department of Healthcare and Family Services (the public payer); Department of Children and Family Services; or our Human Rights Committee or our Behavior Management Committee. Staff shall offer assistance to the individual in contacting these groups by providing each individual the addresses and telephone numbers.

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- 13) If an individual is concerned about any aspect of your treatment, you should first talk to a person at your mental health center. If you cannot work out your concern, you may call the Consumer and Family Care Hotline at (866) 359-7953. They act on behalf of the Department of Healthcare and Family Services (the public payer). They will explain the steps in the process and also explain your rights when filing a complaint/grievance. If you decide you want to file a complaint/grievance, they will explain your rights and answer any questions that you may have. You may also contact the Department of Healthcare and Family Services (HFS) directly regarding your healthcare benefit and the process for reviewing grievances.
- 14) An individual or the individual's guardian shall be permitted to present grievances and to appeal adverse decisions of the Mental Health Centers of Western Illinois up to and including the Board of Directors.
- 15) Notification for any restriction of Client Rights shall be provided to the individual and/or the individual's guardian. The restriction and justification for the restriction will be documented in the individual's clinical record. Documentation shall include a plan with measurable objectives for restoring your rights, and the plan is to be signed by the client or the client's parent or guardian, the QMHP and LPHA. In addition, the client affected by such restriction, his or her parent or guardian, as appropriate, and any agency designated by the client pursuant to # 12 above, shall be notified of the restriction and given a copy of the plan to remove the restriction of rights.
- 16) An individual shall not be denied, suspended or terminated from services or have services reduced for exercising any of his/her rights.

All the rights listed above have been explained and provided to me using language or a method of communication that I and/or my guardian understands and documentation shall be filed in my clinical record.

Client Signature (age 12 and older)

Date

Parent/Guardian Signature

Date

I explained these rights and believe that the client and/or guardian understood.

Staff Signature

Date

Equip for Equality, Inc.
PO Box 276
Springfield, IL 62705
217/544-0464 or 800/758-0464
FAX: 217/523-0720

Guardianship & Advocacy Commission
401 Main Street, Suite 620
Peoria, IL 61602
309/671-3030
FAX: 309/671-3060

Human Rights Committee or Behavior Management Committee:

Hancock Site
c/o Associate Director
607 Buchanan Street
Carthage, IL 62321
217-357-3176

Cc: Client
Parent/guardian
Agency designated (if any)