

MASSAC COUNTY MENTAL HEALTH, INC
STATEMENT OF CLIENT RIGHTS

Massac County Mental Health, Inc. is committed to providing quality services to you that are in compliance with all applicable laws, rules, regulations, and agency policy. We expect all MCMHC staff to treat you with dignity, respect, and in a manner that preserves and protects your rights as a consumer of our services as outlined below,

1. Access to services will not be denied on the basis of race, age, gender, religion, physical disability spiritual beliefs, national origin, financial standing, psychological characteristics, social supports or lack thereof, ethnicity, disability, sexual orientation, or HIV status.
2. You have the right to maintain all of your legal and civil rights. Your rights are protected in part, in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code I 405 ILCS 5) and Title 77 Part 2060.
3. You have the right to receive services in a manner that is free from any physical, psychological, and fiduciary abuse and neglect, financial or other exploitation, retaliation, and humiliation.
4. You have the right to access your own records and information that is important to you in a timeframe that helps you make decisions regarding your treatment.
5. Services will be provided to you in the least restrictive environment possible.
6. You have the right to nondiscriminatory access to services as specified in the Americans With Disabilities Act of 1990 12101)
7. You have the right to have disabilities accommodated as required by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Human Rights Act [775 ILCS 5]
8. You have the right to informed consent or refusal regarding service delivery, release of information, concurrent services, composition of your service delivery team, or involvement in any research project. If you choose to participate in human research, then all applicable research guidelines and ethical practices will be strictly adhered to.
9. You have the right to be involved in any treatment meeting regarding yourself.
10. If a language barrier exists due to hearing impairment, deafness, or alternative spoken language, assistance will be provided.
11. You or your guardian have a right to present grievances if you disagree with a decision our agency has made or with any policies you believe are having a negative impact on you. If you are unhappy with the decision made in response to your grievance, you may appeal that decision up the chain of command, up to, and including the Executive Director. If you are still not satisfied with the resolution to your grievance, you may request a review by the Board of Directors, which will serve as the final step in the internal grievance process.
- 12. You have the right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances any of the advocacy organizations listed on the attachment to this Statement of Rights. You have the right to contact HFS or its designee and to be informed by HFS or its designee of your healthcare benefits and the process for reviewing grievances. Upon request, you have the right to have staff to assist you in contacting any of the agencies listed. Filing a grievance or appeal will NOT result in any retaliation or barrier to service.**
13. You have the right to expect that all complaints and grievances will be fully investigated and that we will make every effort to resolve them in a manner that is to your satisfaction.
14. You have a right to expect that your records and information will be maintained according to state and federal rules and regulations, and with all applicable codes of confidentiality, including the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/1), the Code of Federal Regulations (CFR) governing the confidentiality of alcohol and other drug abuse

patient records (42 CFR, Part 2) and the standards for privacy of individually identifiable health information (HIPAA privacy rule 45 CFR Parts 160 and 164) regardless of the method of information storage.

15. You have the right to expect that your HIV/AIDS status and testing and anonymous testing to be protected as required by the Illinois AIDS Confidentiality Act (410 ILCS 305), 2060.321, and Title 77 of the Illinois Public Health Administrative Code, AIDS Confidentiality and Testing (Part 697). If an employee discloses confidential information without permission from you and your guardian, it can result in disciplinary action up to and including termination. There are exceptions to this rule, which are covered in your Client Confidentiality Agreement and Notice of Privacy Practices.
16. You have the right to refuse treatment or any specific treatment procedure and a right to be informed of the consequences resulting from such refusal.
17. You have the right to access or seek referral to legal entities for representation, self-help support services, and advocacy support services.
18. **You have the right to terminate treatment at any time and you shall not be denied, suspended, or terminated from services or have services reduced for exercising any of your rights.**

I have read this Statement of Client Rights or have had it read and explained to me. I understand its contents. A copy of this Statement of Rights has been given to me, along with Advocacy Resources contact information, including contact information for HFS. I understand the agency's internal grievance and appeals process and understand that I may contact my payer or the Illinois Department of Healthcare and Family Services (HFS) for further help, if I choose to do so.

Revised 6/19