



Client Rights

Wahkiakum County Health & Human Services (WCHHS) has a process in place to ensure that it complies with Federal and State laws such as the Civil Rights Act, the Age Discrimination Act, and the Americans with Disabilities Act. WCHHS communicates the enrollee rights to the enrollees. WCHHS has and follows a method of monitoring enrollee rights. WCHHS ensures that its staff and contracted/affiliated providers consistently follow the State and Federal laws pertaining to enrollee rights.

Enrollee rights are:

- Be treated with respect, dignity and privacy, except that the staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises.
- Practice the religion of choice if the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice.
- Have all clinical and personal information treated in accord with state and federal confidentiality regulations.
- Have your privacy protected.
- Help your provider to develop a plan of care with services to meet your needs.
- Help make decisions about your mental health care.
- Receive services in a barrier-free location. (accessible)
- Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency and cultural difference.
- Receive the name, address, telephone number, and any languages offered other than English of providers in your area yearly or when you request it.
- Receive the amount and duration of services you need.
- Receive a written Notice of Action from WCHHS if services are denied, limited, reduced, suspended, or terminated or you disagree with the plan.
- Receive information about the structure and operation of WCHHS.
- Receive emergent or urgent care or crisis services.
- Receive post-stabilization services after you receive emergent or urgent care or crisis services that result in hospitalization.
- Be free from use of seclusion or restraints.
- Receive age and culturally appropriate services.
- Be provided a certified interpreter and translated material at no cost to you.
- Receive information you request and help in the language or format of your choice.
- Have available treatment options and alternatives explained to you.
- Refuse any proposed treatment.
- Receive care that does not discriminate against you. (e.g. age, race, type of illness)
- Be free of any sexual exploitation or harassment, including physical and financial exploitation.
- Receive an explanation of all medications prescribed and possible side effects.

- Receive information about medical advance directives. Make a mental health advance directive that states your choices and preferences for mental health care. For more information about Advance Directives use the links below:
- Receive quality services which are medically necessary.
- Receive a second opinion from a mental health professional at WCHHS if you disagree with your provider.
- File a grievance, file an appeal on a Notice of Action, or request an administrative fair hearing if you are not satisfied.
- Choose a mental health care provider for yourself and your child. (if your child is under 13 years of age)
- Change behavioral health care providers at any time for any reason.
- Request and receive a copy of your medical or mental health records. You will be told the cost for copying.
- Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections.
- Be free from retaliation.
- Request and receive policies and procedures of WCHHS and Community Mental Health Agencies (CMHAs) as they pertain to your rights.
- Receive a copy of the agency compliant and grievance procedures upon request and to lodge a complaint or grievance with the agency, if applicable, if you believe your rights have been violated.
- File a complaint with the Ombudsman or provider if you believe your rights have been violated when you feel the agency has violated a WAC requirement regulating behavioral health agencies. If you lodge a grievance, you must be free of any act of retaliation. The Ombudsman may, at your request, assist you in filing a grievance. To contact your Ombudsman, please call 833-721-6011 or 360-266-7578.
- Request and receive a copy of these Rights.
- Receive WCHHS Practice guidelines upon request. WCHHS has adopted two Practice Guidelines per federal regulation. Practice Guidelines are available for Major Depressive Disorder and Posttraumatic Stress Disorder. Additional Practice Guidelines will be developed periodically.
- If you feel your mental health or medical health advance directive was not followed, you can receive information or file a complaint with the Washington State Department of Health. (DOH):
 - You may call DOH at 1-360-236-2620;
 - You may email DOH at HSQAComplaintIntake@doh.wa.gov; or
 - You may go online to DOH at www.doh.wa.gov

You have the responsibility to:

- Provide information relevant to assessment of your mental health needs.
- Participate actively in treatment planning and services for yourself or you children, to the best of your ability.
- Respect the confidentiality of others receiving mental health services.
- Arrive on time for your appointments and notify your provider when you are unable to keep a scheduled appointment.

- Express your satisfaction and/or dissatisfaction about services provided to you, to assist your provider in improving services.
- You have the responsibility to pay for services outside WCHHS which have not been authorized by WCHHS. Out of area crisis services are available without cost to you.
- Notify your mental health provider of any changes of address or phone number.
- Show your current Medicaid card or other insurance coverage at the time of service.

Client/Parent/Guardian/Authorized Representative Signature

Date

Print Client Name

Signature above acknowledges receipt of a copy of these rights.