

Your

**Rights** 

# SOUTHWEST BEHAVIORAL HEALTH CENTER

### **Client Rights Statement**

## Your Rights Your Responsibilities Your Grievances

Southwest Behavioral Health Center (SBHC) wants you to be informed of your rights and responsibilities related to our services.

See Page 2 for more

information

### You have a right to:

- Get information on the Medicaid Prepaid Mental Health Plan in a way that is easily understood
- Be treated with respect and dignity
- Get quality mental health or substance abuse covered services in the amount you need and when you need them
- Use your rights at any time and not be treated badly if you do
- Take part in your treatment goals, plan, and decisions
- Get a second opinion at no cost to you
- Get information on treatment options
- Be asked for written consent to be audio or videotaped
- Review and obtain copies of your clinical record
- Receive Case Management services
- Be free from restraint or seclusion
- File a grievance
- Receive information on co-payments
- Adults receive information on Advance Health Care Directives
- Your privacy protected

#### You have the following responsibilities: Protect the privacy of other clients Your See Page 3 Be on time for appointments or more **Responsi-**Call SBHC if you can't keep an appointment information. bilities Pay your co-pay each time Tell a staff member of changes in your personal information If you have a grievance: See Page 3 By telling any staff member that you are unhappy, a Your for more grievance will be filed for you. information. Grievances

Your Rights

### As an SBHC client, you have certain rights.

Medicaid Prepaid	If you have Medicaid, you have the right to get information on the Prepaid Mental Health
Mental Health Plan	Plan in a way that is easily understood and in common languages and other formats.
Respect & Dignity	<ul> <li>You have a right to be treated with respect and dignity. You can use your rights at any time and will not be treated poorly if you do.</li> </ul>
Accessible, Quality Services	• You have a right to get quality covered services in the amount you need, when you need them, and in a timely manner. If you feel you have been treated unfairly or discriminated against in any way, you may call any of the numbers listed on Page 3 in the <i>Contact Us</i> section.
Treatment Goals, Options, and Deci- sions	<ul> <li>You have the right to take part in your treatment goals and decisions. You can review your treatment plan and get information on treatment options, including the right to refuse treatment.</li> </ul>
Written Consent For Audio/ Videotaping	<ul> <li>You have a right to ask for written consent to be audio or video taped.</li> </ul>
Clinical Records	• You have a right to review your clinical records with your therapist. You have the right to get a copy of your record and ask for corrections. Requests must be submitted in writing to your therapist who must review the request with your Clinical Team. If the review determines that it is not in your best interest and you disagree, you may file a grievance. In case of minors under 18, both the minor and their legal guardian must sign the request.
Case Management Services	<ul> <li>You have a right to receive case management services, if needed, and have a choice of case managers.</li> </ul>
Restraint or Seclusion	• You have the right to be free from restraint or seclusion as specified in federal law.
File a Grievance	• You have the right to file a grievance. Any staff can assist you. If you are a Medicaid client, you may call Medicaid at 1-800-662-9651 or 1-801-538-6155.
Discounted Co-Payment	<ul> <li>You have the right to be considered for a discounted co-payment for services. You can ask that your copayment be changed if your income changes.</li> </ul>
Advance Health Care Directives	Adults clients have the right to receive information on Advance Health Care Directives.
	<ul> <li>If you have an Advance Directive and there is problem with it being followed, contact the Utah State survey and certification agency; they can be reached at: Director, Bureau of Health Facility Licensing and Certification Utah DHHS, P.O. Box 144103, Salt Lake City, Utah 84114-4103.</li> <li>(801) 538-4242   https://dlbc.utah.gov/concerns-incidents/</li> </ul>
rivacy Protections	• You have the right to have your privacy protected in keeping with federal and state laws.
	I Health Clients — Your information is confidential. It will not be released without your o consent except:
	<ul> <li>During clinical team or supervisory meetings</li> <li>During required record audits</li> <li>When we receive a court order to release your records</li> <li>When there is an emergency and withholding information puts you or someone else in dang</li> <li>When there is a report of child abuse or neglect</li> <li>When government agencies require us to give them client information</li> <li>When you are being referred to another agency within the Utah Mental Health System</li> <li>If you are being seen with other family members, written consent must be obtained from all adults before any information will be released about services.</li> </ul>

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Substance Abuse Clients—In addition to the privacy rights above, no information about you will be released without your written consent except: will be released without your written consent except:

- By a court order
- To medical personnel in an medical emergency
- For research, audit, or program evaluation See Federal Law (42 CFR 2.2 (d))

Your Respons- ibilities	As an SBHC client, you have the following responsibilities:
Protect Privacy of Other Clients	• You are responsible to protect the privacy of other clients if you are in group treatment. This includes not telling information about the people or discussions in your group.
Appointments	<ul> <li>You are responsible to be on time for appointments. You are responsible to call SBHC at least 24 hours in advance if you can't keep an appointment.</li> </ul>
Co-Payments	<ul> <li>You are responsible to pay your co-pay each time you receive services. If you have in- surance, you must provide any necessary insurance information to get ANY PRIOR AP- PROVAL NECESSARY FOR PAYMENT OF SERVICES.</li> </ul>
Personal Informa	• You are responsible to tell a staff member if there are changes in your personal infor- mation such as income, address, or telephone number.
Your Grievances Talk to a staff member	<ul> <li>If you have a grievance, please do the following:</li> <li>Talk to a staff member about your grievance. You may also submit a grievance in writing to any staff member.</li> <li>If you are a Medicaid client, you may call Medicaid at: 801-538-6155 or 1-800-662-9651. SBHC staff have (5) five working days to respond to your grievance. You will continue to receive any needed services during this time.</li> </ul>
Contact Us	<ul> <li>Southwest Behavioral Health Center 474 West 200 North St. George, UT 84770 (435) 634-5600 1-800-574-6763</li> <li>Southwest Behavioral Health Center's Liability Manager at 435-634-5605 or Toll Free at 1-800-574-6763</li> <li>Federal Office for Civil Rights at 1-800-368-1019 or 1-800-537- 7607 (TTD), or email at <u>crail@hhs.gov</u>., or visit their website at www.hhs.gov/ocr</li> <li>Medicaid Clients—Call Medicaid at 1-877-291-5583 or Southwest Behavioral Health Center's Managed Care Coordinator at 435-634-5606 or Toll Free at 1-800-574-6763</li> </ul>