

Client Rights

As a client of DuPage County Health Department's Behavioral Health Services, your rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5]. Your right to confidentiality shall be governed by applicable regulation(s) to the services being provided. This may include the Confidentiality Act, the Health Insurance Portability and Accountability Act of 1996 the HITECH Act and the Confidentiality of Substance Use Disorder Patient Records [42 CFR Part 2]. These rights include but are not limited to:

1. You are entitled to have your rights and responsibilities explained to you in a language or method of communication that you understand.
2. You shall be informed of your rights prior to the evaluation session and annually thereafter.
3. You have the right to be provided the name of the staff member who has primary responsibility for your care, treatment or services.
4. You have the right to contact the Guardianship and Advocacy Commission and Equip for Equality, Inc. Staff shall offer assistance in contacting these groups, giving the address and telephone number to you as requested.
5. You have the right be to free from abuse, neglect and exploitation.
6. You have the right to be provided behavioral health services in the least restrictive setting.
7. You or your guardian have the right to present grievances in accordance with the grievance policy.
8. You have the right not to be denied, suspended or terminated from services or have services reduced for exercising any rights.
9. You have the right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievance.
10. You have the right to have disabilities accommodated as required by the American With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].
11. In accordance with law and regulation, the organization allows you to access and request amendment to your health information and to obtain information on disclosures of this information.
12. You will be informed of any program rules as they pertain to your care, treatment and services.
13. You have the right to involve your family in decisions about care, treatment and services.
14. We respect your right to request the opinion of a consultant.
15. We respect your right to request an internal review of your plan of care, treatment or services.
16. You have the right to refuse care, treatment or services in accordance with law and regulation. If you refuse care, treatment or services, we will inform you about our responsibility in accordance with professional standards. If we cannot continue to serve you, we will terminate the relationship with you upon reasonable notice and provide you with referrals.
17. You will be served in a manner that supports your dignity and respects your cultural and personal values, beliefs and preferences. Access to treatment will not be denied on the basis of race, religion, ethnicity, sexual orientation, HIV status, or disability as specified in the American with Disabilities Act.
18. You have the right to be served in an environment that preserves dignity and contributes to a positive self-image.
19. You have the right to give or withhold informed consent.
20. You have the right to be notified of any client rights restriction(s) and to have your parent/guardian notified or any agency designated by you. If any of your client rights are restricted, justification of such rights restriction will be documented in your clinical record.

By signing below, I am indicating that staff have explained my rights to me and I was given the opportunity to ask questions.

Client Name Printed

Client Signature

Date

Staff Signature

Date

Parent/Guardian Signature

Date