



## PATIENT'S BILL OF RIGHTS

As a person receiving mental health services, you have the right to:

- Be treated with dignity and respect.
- Develop the plan of care and services which meets your unique needs and fully participate in decisions about your mental health treatment.
- Ask questions and get answers about services including names, locations and phone numbers.
- Receive services in a location that is accessible.
- Request changes/refuse treatment or service unless ordered by the Court to participate.
- Receive the amount and duration of services you need that are age and culturally appropriate.
- Be free of any sexual exploitation or harassment.
- Receive quality services that are medically necessary.
- Choose a mental health care provider or choose one for your child who is under fourteen years of age.
- Have your family involved in your treatment.
- Refuse family participation in your treatment, if you choose.
- Not be subjected to verbal, physical, sexual, emotional or financial abuse; harsh or unfair treatment.
- Make complaints, have them heard, get a prompt response, and not receive any threats or mistreatments as a result.
- File a grievance if you are not satisfied with the response to a complaint.
- Be assisted by an advocate of your choice; for example, family, friend, case manager, member of a consumer advocacy committee or organization, etc.
- Not be discriminated against on the basis of race, age, sex, religion, national origin, sexual orientation, disability, or marital status.

You have the responsibility to:

- Provide the information needed for your care.
- Understand your mental health.
- Follow the plans for care that you have agreed to with your doctor or therapist.

Patient signature (14 and older) \_\_\_\_\_ Date \_\_\_\_\_

Patient signature (14 and older) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (under 18) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (under 18) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Patient/Parent/Guardian refused to sign