

## **Clients Bill of Rights & Responsibilities**

### **Clients Rights:**

Individuals have the right to receive full information from their mental health professional about that professional's knowledge, skills, preparation, experience, and credentials. Individuals have the right to be informed about the options available for treatment interventions and the effectiveness of the recommended treatment.

Clients have the right and responsibility to fully participate in all decisions related to their health care. Clients who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, or family members. Clients have the right to change their mental health care provider. Clients have the right to a second opinion if they choose. Clients have the right to be involved in discharge planning from the time of admission.

Individuals have the right to request and receive information about the methods they can use to submit complaints or grievances regarding provision of care by their mental health professional. Individuals using services and their guardians have the right to appeal the application of policies and procedures, or any staff action that affects the individual using the services. Individuals may file a written grievance or appeal to their direct service provider and if it is not satisfactorily resolved then to the Clinical Director. The Clinical Director has 30 days to provide a response to the appeal or grievance. If resolution cannot be obtained throughout discussion, or interventions by the Clinical Director, a written complaint can be submitted to the Board of Directors. The Board of Directors will make the final decision. Clients who express a concern or complaint, or file a grievance, will not have their future access to care compromised in any way. To share a concern or complaint, please contact any staff member or the clinical director who can speak with you about your concern.

Individuals have the right to be guaranteed the protection of the confidentiality of their relationship with their mental health professional, except when laws or ethics dictate otherwise. Any disclosure to another party will be time limited and made with the full written, informed consent of the individuals. Entities receiving information for the purposes of benefits determination, public agencies receiving information for health care planning, or any other organization with legitimate right to information will maintain clinical information in confidence with the same rigor and be subject to the same penalties for violation as is the direct provider of care. All client information, whether stored electronically, in the medical record, or obtained by any other means, is treated as private and confidential. All BGO/AATC staff members take precautions to assure the privacy and confidentiality of clients.

Recommendations regarding mental health treatment shall be made only by a duly licensed/certified professional in conjunction with the individual and his or her family as appropriate. The individual has the right to make final decisions regarding treatment.

Quality mental health services should be provided to all individuals without regard to race, color, religion, national origin, gender, age, sexual orientation, or disability. Clients have the right to considerate, respectful care from all members of the health care system at all times and under all circumstances. An environment of mutual respect is essential to maintain a quality treatment relationship.

**Clients' Responsibilities:**

Regarding your care at the BGO/AATC of Iowa, you are responsible for:

- \* Providing accurate and complete information about all matters pertaining to your health, including medications and past or present medical problems.
- \* Reporting changes in your condition or symptoms, to a member of your treatment team.
- \* Following the instructions and advice of your health care team.
- \* Identifying and reporting any safety concerns that may affect your care.
- \* Notifying a member of the health care team if you do not understand information about your care or treatment.
- \* Informing your mental health provider if you are not satisfied with any aspect of your care.
- \* Participating in the planning of your care, including discharge planning.
- \* Keeping your scheduled appointments or canceling your appointments 24 hours in advance, when possible.

**Advanced Directives**

Upon Initial intake appointment, all clients/guardians of clients will be asked if they have an Advanced Directive; if they do not, but wish to, staff will provide information on how to secure/develop an Advanced Directive. This will be included in the Client Rights and Responsibilities form, which is signed by each client.

**It is necessary for you to sign that you have read and received this notice of Rights and Responsibilities and return to us.**

**By signing this, I acknowledge receipt and understanding of the above stated information regarding my rights and responsibilities. If you need clarification on any item, please contact us at (319) 338-2722 for clarification, before signing.**

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**Signature**

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**Date**