



## **CLIENT RIGHTS**

### **ADULT PARTIAL HOSPITALIZATION PROGRAM**

### **OSU HARDING BEHAVIORAL HEALTHCARE AND MEDICINE**

- (1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- (2) The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
- (3) The right to treatment regardless of race, creed, gender, sexual orientation, national origin, handicap or source of payment;
- (4) The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- (5) The right to consent to or refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal.
- (6) The right to a current, written, individualized service plan, which the client will assist in formulating, that addresses strengths and resources, and needs or limitations in the areas of mental health, physical health, social and economic needs and other relevant areas, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
- (7) The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
- (8) The right to freedom from unnecessary or excessive medication;
- (9) The right to freedom from restraint or seclusion unless in a crisis situation to protect the client, other clients, or staff;
- (10) The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
- (11) The right to be informed of and refuse any unusual or hazardous treatment procedures;
- (12) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs;

- (13) The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
- (14) The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or legal guardian of the person of an adult client in accordance with rule 5122:2-3-11 of the administrative code;
- (15) A psychiatric patient or their authorized agent may request to view his/her medical information by completing a Authorization for Release of Medical Information form. In these cases, the attending physician will review the case. The request will be granted unless the attending physician determines that, for clearly stated treatment reasons, disclosure of the requested record is likely to have an adverse impact on the patient. If access is denied, it must be specifically documented by the attending physician in the treatment plan, including clear treatment reasons for the denial. If access is approved, the attending physician will authorize the access by signing the Authorization for Release of Medical Information form. If access is denied, the patient may request that their information be sent to another physician.
- (16) The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
- (17) The right to receive an explanation of the reason for denial of service;
- (18) The right to know the cost of services;
- (19) The right to be fully informed of all rights;
- (20) The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
- (21) The right to contact the Patient Rights Advocate (614-293-3530) for your assistance in addressing concerns about any aspect of treatment while a client in the Adult Partial Hospitalization Program;
- (22) The right to file a grievance;
- (23) The right to have oral and written instructions for filing a grievance.
- (24) The right to contact other resources that may be of assistance to you with your concerns: Ohio Legal Rights Service at 614-466-7264, or the Ohio Department of Mental Health Services at 614-466-2596.

I have read the above CLIENT RIGHTS and understand them to the best of my ability, and have received a copy of this form.

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Signature/Date

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Witness/Date