

MAINE BEHAVIORAL HEALTHCARE

SUMMARY OF YOUR MENTAL HEALTH RIGHTS

Your care will be a partnership between you and your team. Understanding your role, the role of your providers, and your rights will help ensure you receive the best care possible. At **Maine Behavioral Healthcare (MBH)**, our goal is to provide you with high-quality patient care. We welcome any suggestions and comments that will help us improve our services to the community at any time.

The following is a summary of the rights that you have under both Federal and Maine State Law while you are receiving services. A full copy of the “Rights of Recipients of Mental Health Services”, the “Rights of Recipients of Mental Health Services Who are Children in Need of Treatment”, or the ‘Settlement Agreement” are available upon request, or by contacting: Department of Health and Human Services (DHHS) at (207) 287-2595 or TTY Users: Dial 711 (Maine Relay) or by mail: 11 State House Station, 41 Anthony Ave., Augusta, ME 04333.

Basic Rights

You have the same civil, human, and legal rights, which all citizens are entitled. All basic rights shall remain intact unless specifically limited through legal proceedings, as in the case of guardianship or in an emergency or when necessary to protect the rights or safety of yourself or the rights or safety of others.

You have a right to be treated with courtesy and full respect for you individuality and dignity.

You have the right to know the names and roles of the people providing your care.

You have the right to receive care without discrimination due to diagnosis, color, age, race, ethnicity, religion, culture, national origin, language, disability, source of payment, political belief, gender, sexual orientation, and gender identity or expression.

You have the right to receive safe care, and be free from all forms of abuse or harassment.

You have the right to know of any professional relationships that MBH has that may influence your treatment and care. These relationships may be with educational institutions, other healthcare providers, or insurers.

You have the right to review, request and receive a detailed explanation of your charges, your bills, and know about payment methods.

Informed Consent

No service or treatment can be provided to you against your will. If you have a guardian, he or she is authorized to make decisions without your consent. You have the right to be informed of possible risks and anticipated benefits of all services and treatment.

You may designate a representative who is authorized to help you understand and exercise your rights, help you make decisions, or to make decisions for you. If you have a guardian that has been authorized to make decisions for you, the guardian has the right to be fully informed of all risks and benefits or proposed treatment or services. *There are situations when a minor may consent to outpatient mental health or substances abuse services based on Maine State Law, without the consent of a parent or guardian.*

You have the right to be informed of the possible risks and anticipated benefits of services and treatment, including medications, in a manner that you understand. You have a right to get a list of all your current medications. You have the right to request a second opinion.

You have the right to consent or decline to participate in experimentation and research without it affecting your care. All participation in experimentation and research shall be voluntary with full written informed consent. If you decided to take part, the research study will be fully explained to you before you consent to participate.

Confidentiality and Access to Records

You have the right to expect that your health information is kept confidential. You have the right to review your record at any reasonable time. You may add written comments to your record to clarify information you believe are inaccurate or incomplete, and you have the right to request an addendum be made to your record.

Your medical information will only be released at your request, unless permitted or required by law. For more information, you will receive a “Notice of Privacy Practices” that describes the ways that we use, disclose, and safeguard patient information, and that explains how you can file a privacy complaint or obtain a copy of information from our records about your care.

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Individualized Treatment or Service Plan

You have the right to be actively involved in the planning of your care, including the development of your individualized treatment and discharge plans.

Your individualized plan will be based upon your treatment needs and goals. The plan will be in writing and you have the right to have a copy of it. The plan needs to specifically detail what everyone will do, the time frames in which the tasks and goals will be accomplished, and how success will be determined. The plan must be based upon your actual needs and, if a needed service is not available, detail how your needs will be met.

Least Restrictive Appropriate Setting

You have the right to be treated in the least restrictive appropriate setting that meets your health care needs.

Freedom of Religion

You have a right to express your religious beliefs and receive care that supports your cultural practices.

Assistance in the Protection of Rights and Filing A Grievance

You have the right to appoint a representative of your choice to help you understand your rights, protect your rights, or help in the process of developing your treatment or service plan. If you have a representative, you must designate this person in writing. You can have access to the representative at any time you wish and you can change or cancel the designation at any time.

Our staff is committed to providing you with the highest quality care possible. **If you have questions or concerns about your rights, your care, or safety concerns; PLEASE discuss them with your provider, a supervisor, or other member of your treatment team as soon as they arise.** If these approaches do not lead to a satisfactory result, you may seek further help by contacting the supervisor of the program.

You have the right to file a complaint or written grievance to challenge any possible violation of your rights without fear of retaliation. To submit a complaint or grievance about MBH's community-based services, you may contact the MBH Complaint and Grievance Officer at 207-661-6548. You have the right to have your grievance answered in writing, with reasons for the decisions. If you need assistance with filing a grievance, ask a staff member and they will assist you.

For people receiving Developmental services, there are additional rights in the grievance process. This is outlined in the DHHS brochure: Developmental Services Grievance Process.

You also have the right to contact the Maine State DHHS, Division of Licensing and & Regulatory Services at (207) 287-9300 or 1-800-383-2441 (voice) or TTY Users: Dial 711 (Maine Relay). You can reach them by mail at: DHHS Division of Licensing, 41 Anthony Avenue, 11 State House Station, Augusta, ME 04333-0011. In the State of Maine, the Disability Rights Maine is another resource for rights protection and advocacy services. They can be contacted at 1-800-452-1948 (V/TTY), or by mail: 24 Stone Street, Suite 204, Augusta, ME 04330.

If your complaint or grievance pertains to discrimination on the basis of race, ethnicity, national origin, disability, age, sex, or religion, you may also file your grievance with the Office of Civil Rights at (617) 565-1340 (voice) or 1-800-565-1343 (TDD) or (617) 565-3809 (fax); file a complaint by e-mail at OCRcomplaint@hhs.gov; or download the Discrimination Complaint Form in PDF format at <http://www.hhs.gov/ocr/>; or contact them by mail at: The Office of Civil Rights, Region I, U.S. Dept. of Health & Human Services, Government Center, (2250) JFK Federal Building, Rm. 1875, Boston, MA 02203.

WHILE RECEIVING CARE AT MAINE BEHAVIORAL HEALTHCARE, WE ASK THAT YOU:

- Actively participate in your care.
- Share with us any safety concerns you might have or let us know if you have any suggestions for improving safety.
- Provide us with information about your health, including past illnesses and use of medicine. This will assist us in developing a treatment plan to meet your needs.
- Ask questions when you do not understand information or instructions. If you need an interpreter, let us know and we will provide one for you at no charge.
- Have consideration and respect for others' privacy and property.
- Report any unexpected changes in your condition to the healthcare professionals.
- Provide all needed information for insurance processing and assure that any financial obligations for care and services are fulfilled.

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IN THE INPATIENT HOSPITAL SETTING YOU HAVE ADDITIONAL RIGHTS

Free Association and Communication

You have the right to freely associate and communicate while you are in the hospital. This includes the right to communicate by mail, the right to communicate by telephone, and the right to have visitors.

You will be asked to designate those who you wish and do not wish to visit you, and you can change your mind at any time. A support person or your legal representative may decide on your behalf, if you are unable to communicate your choices. Visitors may include anyone that you prefer or designate as a support person, including but not limited to, a spouse, other family member, a domestic partner (including a same-sex domestic partner), or friend. Visitors will not be restricted or denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

We will make every effort to respect your privacy to the fullest extent possible, including when you have visitors. At the same time, we must maintain the safety of the unit. There are times it may be necessary to limit or restrict visitors for safety or clinical issues, including a limit on the number of visitors at one time or on the ages of child visitors. We will explain the reason(s) to you if these limitations or restrictions are needed.

Advance Directives

You have the right to have your advance directive honored, and receive information about creating an advance directive, if requested.

Searches

You have the right to be free from unnecessary searches of both your person and your space, except where there exists a reasonable belief that certain items would endanger your health or safety, or the health or safety of others.

Freedom From Unnecessary Seclusion and Restraint

You have the right to be free from seclusion and restraint, which may only be used when it is to prevent harm to yourself or others.

Services and treatment may be provided to you against your will if a determination has been made by a court, you have a guardian who is authorized to make decisions without your consent, or if an emergency exists.

The Joint Commission

For inpatient concerns, you may also contact The Joint Commission at 1-800-994-6610 or by mail: Office of Quality Monitoring, The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181; or visit their website at www.jointcommission.org; or email them at complaint@jointcommission.org; or by fax to: Office of Quality Monitoring (630) 792-5636.

If you have questions or concerns about your rights, your care, or safety concerns; PLEASE discuss them with your provider, a supervisor, or other member of your treatment team as soon as they arise, or call: Maine Behavioral Healthcare at 1-844-292-0111 (toll free).