

Patient Name: _____

Date of Birth: _____

Account Number: _____



FHN FAMILY COUNSELING CENTER PATIENT RIGHTS AND RESPONSIBILITIES STATEMENT

FHN FAMILY COUNSELING CENTER is committed to providing effective service and believes that this requires the protection of individual rights.

Upon commencement of services, every patient who is 12 years of age or older, and the parent or guardian of a minor or person under guardianship, shall be informed in writing of these patient rights. The Agency shall post in public areas a summary of these rights.

The Agency shall ensure every individual of the following:

Constitutional Rights

1. No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services.
2. No recipient of service shall be presumed incompetent except as determined by a court.
3. Patient rights are protected in accordance with Chapter 2 of the Illinois Department of Mental Health and Developmental Disabilities Code [405 ILCS 5], except the use of seclusion shall not be permitted, and the Mental Health and Developmental Disabilities Confidentiality Act and the federal Health Insurance Portability and Accountability Act of 1996.

Treatment

1. All services shall be provided with respect, dignity, and compassion.
2. All individuals shall be served without regard to race, sex, sexual orientation, gender identity, religion, national origin, age, handicap, political affiliation or HIV status.
3. The patient will be educated on his/her right to a personal advocate, and the conditions under which an advocate would be appropriate. The patient may request a personal advocate or advocacy may be offered. An advocate will then be assigned. The advocate will provide assistance with problem solving/resolution to assist the patient in building community and family support systems, and will educate the patient's family members in all aspects of mental illness and the steps necessary for recovery of meaningful community roles.
4. A recipient of services shall be provided with adequate and humane services in the least restrictive environment pursuant to an individual treatment plan which shall be formulated and periodically reviewed with the participation and consent of the patient to the extent feasible, and where appropriate the patient's guardian and/or patient designee. A qualified professional shall be responsible for overseeing the implementation of the treatment plan.
5. The patient has the right to have their disabilities accommodated as required by the Americans With Disabilities Act, section 504 for the Rehabilitation Act and the Human Rights Act [775 ILCS 5]. Services shall include the regular use of sign language for any hearing-impaired patient for whom sign language is the primary mode of communication, the use of an interpreter for any patient speaking a foreign language as their primary mode of communication, and every effort will be made to assist those who are visually impaired to fully access services.
6. No recipient of services shall be subjected to electroconvulsive therapy or any unusual, hazardous, or experimental services or psychosurgery without his/her written and informed consent.
7. The patient will be advised of the positive affects and possible complications of any drugs or medications prescribed by a physician involved with services.
8. The patient has the right to refuse treatment or any specific treatment procedure and a right to be informed of the consequences resulting from such refusal.
9. The patient has the right to terminate services at any time.
10. The Agency shall not restrain patients.
11. The use of seclusion will not be permitted.
12. A recipient of services shall not be denied, suspended, or terminated from services, or have services reduced for exercising any of their rights.
13. The patient has the right to contact the public payer or its designee and be informed of their process for reviewing grievances. The right to contact HFS or its designee and to be informed by HFS or its designee of the patient's healthcare benefit and process for reviewing grievances.
14. The Agency guarantees that all recipients of service shall be free from abuse, neglect and exploitation.
15. Pastoral services will be available by referral through a working relationship with local clergy, based upon the assessed need of the patient. These services may include pastoral care, religious consultation, and education.

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Confidentiality

1. The Agency respects the need for privacy and security of each individual served and the individual's family.
2. The right of a patient to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act and the federal Health Insurance Portability and Accountability Act of 1996.
3. The confidentiality of patient records as governed by the Confidentiality of Alcohol and Drug Abuse Patient Records regulations (42 CFR 2 (1987)) of the Alcohol, Drug Abuse, and Mental Health Administration of the Public Health Service of the United States Department of Health and Human Services.
4. The right to give or withhold informed consent regarding treatment and regarding confidential information regarding the patient.
5. All information concerning the patient's care is held confidential and released only through procedures consistent with the law and professional ethics. (Records can be subpoenaed by the Courts without patient's permission).
6. Patients have a right to review and approve any information being requested by another provider giving services to you. Patients must sign a release for any such information sent.
7. Any patient information supplied to funding, licensing, and/or accrediting bodies by virtue of working agreements or legal statute shall be in keeping with the law.
8. The confidentiality of HIV/AIDS status and testing and anonymous testing to include the identity of the person whom a test for HIV is performed and the results of the test.

Case Records

1. It is the Agency's responsibility to maintain an accurate case record.
2. The patient receiving service, an individual designated by the patient, or if the patient is a minor, a parent/guardian, may inspect the patient case record.

Evaluation

Consistent with providing professional and quality services, you will be given an opportunity to evaluate all aspects of your services and the personnel with whom you were involved. (You may be asked to evaluate your services during or upon completion of same).

Grievance Procedure

1. Every patient shall have the right to present grievances on behalf of themselves or others to the Agency, federal, state, or local governmental bodies, or to other persons without threat of discontinuation of service or reprisal of any kind.
2. Patients are encouraged to utilize the FHN Grievance Process by informing any staff of a grievance or a concern.
3. It is the right of every person receiving service from the Agency to report any suspected violation of these rights to the Director, FHN FAMILY COUNSELING CENTER, 421 W. Exchange St., Freeport, IL 60132, Phone 815-599-7300; and/or the FHN Customer Focus Consultant, 1045 W. Stephenson St., Freeport, IL 61032, Phone 815-599-6356; and/or Equip for Equality, 20 N. Michigan Ave., Suite 300, Chicago, IL 60602, Phone 800-537-2632; and/or Illinois Department of Human Rights, 100 W. Randolph St., 10th Floor, Chicago, IL 60601, Phone 312-814-6200; and/or the Guardianship and Advocacy Commission, 4302 N. Main St., Suite 108, Rockford, IL 61103, Phone 815-987-7657; and/or The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181; and/or the Office of Inspector General, Department of Human Services Phone 800-368-1463; and/or the Advocacy Office for Children and Families (DCFS), 406 E. Monroe St., Springfield, IL 62701, Phone 800-232-3798.

Patient Responsibilities

Patient's responsibilities shall include (but not necessarily be limited to) the following:

1. Respect for rights and property of other patients and of the Agency and its staff.
2. Work toward the goals of the individualized treatment plan.
3. Cooperation with the Agency by providing information needed for effective service delivery.
4. Meeting of financial obligations according to established agreement with the Agency.

My signature acknowledges that I have received, read, and understand the information provided in the Patient Rights and Responsibilities Statement.

Patient Signature: _____
(12 years of age & up)

Date: _____

Parent/Guardian Signature: _____

Date: _____