Client Rights and Responsibilities

This is a brief outline of both your rights and responsibilities while you receive services at Comprehensive Mental Health Services, Inc. or any of its facilities. It will help you better understand the need for cooperation between yourself, your doctor, therapist or other care provider. You have certain rights that must be respected. The health care providers also have rights and it is only through a mutual understanding of both sets of needs that you can receive the most effective health care. We promote that understanding through the following information. As a client, you have the right:

1. To receive prompt evaluation, care and treatment regardless of your race, gender, sexual orientation, gender identity, ethnicity, disability, religion, age and to be treated with dignity and respect and addressed in a respectful, age-appropriate manner, and regardless of ability to pay.

2. To have services explained to me in a language and in a way I can understand, such as an ASL fluent clinician or an appropriately certified interpreter, if deaf services are needed.

3. To receive information about the qualifications of the staff that provide services to me and to have any change in the professional staff responsible for your care or for any transfer from one caregiver to another within or outside the facility.

4. To receive psychiatric treatment that is within the accepted standards of medical practice and to an explanation of the risks, effects and benefits of all medications and treatment provided.

5. To refuse specific medications or treatment procedures to the extent permitted by law.

6. To participate in the planning of your and care, including discharge planning and follow up care. This includes active participation of patients over 12 years of age and their parents, relatives or guardians in planning for treatment.

7. To have your records kept confidential to the extent permitted by law and to know where and to whom your records have been disclosed.

I understand that CMHS participates in a Health Information Exchange (HIE). HIE is an electronic method used to share medical information about your care with other healthcare providers who have an established treatment relationship with you. We may use or disclose your information through the HIE with these other providers, and we may access your information from other providers through HIE. You may obtain more information about the HIE or begin the opt out process by contacting CMHS Health Information (MR) Supervisor 254-3652 EXT: 1435.

8. To have access to and an explanation of your health records, unless deemed therapeutically inadvisable.

9. To receive, at admission: a written description of services, costs and rules and a written statement and explanation of patient rights and responsibilities and grievance without fear of recrimination.
CLIENT RESPONSIBILITIES

1. Take time to read, understand and sign the Application for Services and other forms necessary for treatment.

2. Give complete and accurate information to the professional staff and participate actively in the treatment planning and review process.

3. Discuss and ask questions regarding any aspects of treatment, which are unclear.

4. Keep scheduled appointments, cancel only when absolutely necessary and try to give at least 24 hours notice.

5. Respect other clients and staff and their right to privacy and dignity.

6. Support the efforts of staff to keep the facilities clean and attractive.

7. Voice any concerns through the proper channels.
   - Try to resolve your concern with your primary service provider.
   - Or you can talk to the staff's supervisor at 816-254-3652
   - If that fails contact the CMHS Consumer Advocate at 816 254-3652, ext. 1430

If you are still not satisfied, you have the right to call or write the Office of Constituent Services regarding any complaints of abuse, neglect or violation of rights at:

Department of Mental Health, PO Box 687, Jefferson City, MO 65102    (573)751-4122 or (800)364-9687

PRIMARY LOCATIONS

Wm. H. Kyles Building                                      Vaughn Building
17844 East 23rd Street                                      17886 East 23rd Street
Independence, Mo. 64057                                      Independence, Mo 64057
816-254-3652                                                816-254-3652
Hearing/Speech Impaired only:  816-254-8790

George Norman Jr. Recovery Center                          Spring House
4231 Hocker Drive                                          721 W Jones Street
Independence, Mo 64055                                      Independence, Mo. 64055
816-254-3652                                                816-833-1853

Comprehensive Mental Health Services, Inc. operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964

Providing Strength for Today…

Hope for Tomorrow
24 HOUR RESIDENTIAL TREATMENT

In addition to the Rights & Responsibilities outlined for all Outpatient clients receiving services at Comprehensive Mental Health Services, Inc., clients residing in any of the 24-hour facilities have the following rights:

1. To safe and sanitary housing.
2. To a nourishing, well-balanced and varied diet.
3. To attend or not attend religious services.
4. To receive visits from your own attorney, physician or clergyman in private at reasonable times.
5. To wear your own clothes and to keep and use your own personal possessions (within rules and regulations of the house).
6. To keep and be allowed to spend a reasonable sum of your own money for small purchases.
7. To send and receive mail without hindrance.
8. To receive visits from family and significant others regardless of age, at reasonable times and in privacy unless clinically contradicted.
9. To reasonable access to a telephone and to make and receive confidential calls.
   
   NOTE: If therapeutic indications necessitate temporary restrictions on visitors, telephone calls or other communications, they will be explained to you and your family and reviewed at least every seven days.

10. To have opportunities for physical exercise and outdoor recreation. If restricted to bed rest or prohibited access to the outdoors, your physician’s order will be reviewed at least every three days.
11. To planned daily activities and exercise periods if handicapped or non-ambulatory.
12. To have access to and an explanation of your mental health and medical records unless deemed therapeutically inadvisable.
13. To have reasonable prompt access to current newspapers, magazines and radio and TV programming.

DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS)

Alleged violations of your privacy rights should first be addressed through the Comprehensive Mental Health Services grievance procedure or directly to the Privacy Officer. You may also file a complaint within 180 days of the occurrence, to the Office of the Secretary, DHHS, Office of Civil Rights, Washington DC 20201. Privacy Rule §160.306 (3).

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