



PATIENT BILL OF RIGHTS

When you receive services for mental health, alcoholism, drug abuse or a developmental disability, as an inpatient or outpatient, you have the following rights under Wisconsin Statute sec. 51.61 (1) and HFS 94, Wisconsin Administrative Code:

TREATMENT AND RELATED RIGHTS

- To be free from having unreasonable arbitrary decisions made about you.
- To be free from all forms of discrimination, including cultural issues.
- To receive prompt and adequate treatment.
- To refuse any treatment including medications
- To be free from unnecessary or excessive medications.
- To refuse or to give informed consent to participate in drastic treatment or in experimental research.
- You may not be filmed, taped or photographed unless you agree to it.

RECORD PRIVACY, ACCESS, GRIEVANCE PROCEDURES

Under Wisconsin Statute sec. 51.30 and HFS 92, Wisconsin Administrative Code:

- Your treatment information must be kept private (confidential), unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons of such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your entire treatment record if you ask to do so.
- If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.
- A copy of sec. 51.30, Wis. Stats., and/or HSS 92, Wisconsin Administrative Code is available upon request.

If you feel that your rights have been violated, you may file a grievance with this facility. The clinic director, Janice J Spangler, LPC will investigate the complaint. You are encouraged first, to discuss any problems that you may have directly with people involved. If you wish to file a grievance, you may do so in writing within 45 days of the incident in question. Please include the following:

- Your name, address, phone number, patient right you think has been violated, what took place, and how you think it should be remedied.

A decision will be issued in 10 working days as to whether any rights were violated and will explain any remedies for change to the parties involved. If you are not satisfied with the decision, request an Appeal of Decision form from the Patient Rights Specialist. This form is then filed with the state. You have the right to take legal action against those who violate your rights if you feel that the matter was not resolved satisfactorily.

Signature

Date

Parent Signature

Date