

PRSN Client Rights Statement
Outpatient Services (Rev. 12/11)

_____ is a state licensed mental health center. Client and prospective clients and/or legally responsible others are entitled to the following rights when seeking services from _____.

1. The right to receive information on available treatment options and alternatives presented in a manner appropriate to the enrollee's condition and ability to understand.
2. The right to participate in decisions regarding your healthcare including the right to refuse any proposed treatment consistent with Chapter 71.05 RCW and 71.34 RCW and CFR 438.100(iv).
3. The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
4. The right to receive appropriate care and treatment, employing the least restrictive alternatives available.
5. The right to be treated with respect, dignity and privacy.
6. The right to receive treatment which is nondiscriminatory and sensitive to differences of race, culture, language, gender, age, national origin, disability, marital status, and sexual orientation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to request a second opinion from a qualified health care professional at no cost.
9. The right to receive the services of a certified language or sign language interpreter and written materials in alternate formats to accommodate disability consistent with Title VI of the Civil Rights Act.
10. The right to plan for your care and be involved in the creation of your individual treatment plan which addresses your unique needs.
11. The right to receive direct access to mental health professionals for beneficiaries with special health care needs.
12. The right to confidentiality and privacy of all information and records as specified in relevant statutes (Chapter 70.02 RCW, 71.05 RCW, 71.34 RCW & 45 CFR 160 and 164).
13. The right to review and receive a copy of your case record and be given an opportunity to make amendments or corrections.
14. The right to receive an explanation of all medications prescribed, including expected effect and possible side effects.
15. The right to expect that any research you agree to participate in will be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in WAC 388-04.
16. The right to choose an outpatient primary care provider at the time of enrollment, to change your primary care provider within the first 90-days and once during any 12-month period for any reason, and at any time for good cause (WAC 388-865-0345).
17. The right to make an advance directive, stating your choice and preference regarding your physical and mental health treatment if you are unable to make informed decisions.

18. If you are Medicaid eligible, the right to receive all services which are medically necessary to meet your care needs. In the event that there is a disagreement, you have the right to a second opinion from:
 - a. A provider within the regional support network about what services are medically necessary; or
 - b. For consumers not enrolled in a prepaid health plan, a provider under contract with the mental health division.
19. As long as you are a Medicaid recipient, you will not be billed for Medicaid covered services.
20. The right to lodge an agency complaint or PRSN grievance with the Ombuds' office, PRSN, or provider, if you believe your rights have been violated. If you lodge an agency complaint or PRSN grievance, you shall be free of any act of retaliation. The Ombuds' office may, at your request, assist you in filing. The Ombuds' phone number is 1-888-377-8174.
21. The right to have a mental health professional or network agency advise or advocate for you with respect to CFR438.102(i-iv) without PRSN restriction.
22. The right to file an administrative hearing with DSHS without first accessing the contractor's grievance process. Use the DSHS pre-hearing and administrative hearing processes as described in chapter 388-02 WAC.
23. The right to a Notice of Action appeal for any denial, termination, suspension, or reduction of services and to continue to receive services at least until your appeal is heard by a fair hearing judge. To file an Appeal you may:
 - a. Contact the Ombuds' office, or have an advocate, for assistance in filing an Appeal and throughout the Appeal process
 - b. File a PRSN Appeal with the PRSN by calling 1-800-525-5637
 - c. Request a Fair Hearing by writing to the Office of Administrative Hearings, Post Office Box 42488, Olympia, WA 98504-2488
24. The right to ask for an administrative hearing if you believe that any rule in WAC 388-865 was incorrectly applied in your case.
25. To freely exercise any and all rights and exercising these rights will not adversely affect treatment by the provider, the Peninsula Regional Support Network or the Division of Behavioral Health and Recovery.

Attached to the document are the agency Client Grievance Procedure and a copy of the PRSN Privacy Rights. We appreciate your signed acknowledgement below that you have been provided this information.

I have read these client rights and give my consent to treatment at

_____.

CMHA Name

Client Signature: _____ Date: _____