



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION INDIVIDUAL RIGHTS

You have the right to:

1. Receive information regarding your behavioral health status;
2. Receive all information regarding behavioral health treatment options including any alternative or self-administered treatment, in a culturally competent manner;
3. Receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment).
4. Participate in decisions regarding your behavioral health care, including the right to refuse treatment and to express preferences about future treatment decisions;
5. Be treated with respect and with due consideration for your dignity and privacy.
6. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
7. Request and receive a copy of your medical records, and to request that they be amended or corrected, as specified in 45 C.F.R. Part 164;
8. Be free to exercise your rights and to ensure that to do so does not adversely affect the way you are treated;
9. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
10. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
11. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
12. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
13. Be free of any sexual harassment;
14. Be free of exploitation, including physical and financial exploitation;
15. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
16. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
17. Receive a copy of agency grievance system procedures according to WAC 182-538C-110 upon request and to file a grievance with the agency, or behavioral health administrative services organization (BH-ASO), if applicable, if you believe your rights have been violated; and
18. Submit a report to the department when you feel the agency has violated a WAC requirement regulating behavioral health agencies.

Assistance is Available:

If you have questions about any part of this notice, or need this form in another language or a different format such as American Sign Language (ASL), oral interpretation, Braille, or large print, please call us at 1-800-525-5637 or please contact us through our Telecommunication Relay Service (TTY) at 1-800-833-6384 or dial 7-1-1. All accommodations or requests for alternative formats are provided at no cost.

Si tiene alguna pregunta de la información en esta correspondencia, o si necesita la información en otro idioma, o en un formato diferente (lenguaje de señas americano, interpretación oral, braille, o letra grande), llámenos al 1-800-525-5637 o comuníquese con nosotros a través de nuestro Servicio de retransmisión de telecomunicaciones (TTY) al 1-800-833-6384 o marque 7-1-1. Todos los alojamientos de formatos alternativos se proporcionan sin costo.