

Clients Rights and Grievances

- 1) **Dignity and Respect.** You have the right to always be treated with dignity and respect, and not to be subjected to any physical or verbal abuse/neglect or exploitation.
- 2) **Freedom from Coercion.** You have the right to not be subjected to the use of any type of treatment, technique, intervention, or practice, including the use of any type of restraint or seclusion, performed solely as a means of coercion, discipline, or retaliation, or for the convenience of mental health personnel.
- 3) **Least Restrictive Treatment.** You have the right to a safe, sanitary treatment environment that provides privacy and promotes dignity and to receive treatment in the least restrictive environment consistent with your clinical condition and legal status.
- 4) **Discrimination:** You have the right to receive treatment services free of discrimination based on your race, religion, ethnic origin, age, disabling or a medical condition, and ability to pay for the services.
- 5) **Privacy in Treatment:** You have the right not to be fingerprinted, photographed or recorded without consent except for: Photographing for identification and administrative purposes, as provided by R03-602 or Video recordings used for security purposes that are maintained only on a temporary basis.
- 6) **Outside Representation and Support.** You have the right to be accompanied or represented by an individual of your choice during all contacts with CrossWinds. This right shall be subject to denial only upon determination by professional staff of the Center that the accompaniment or representation would compromise either your rights of confidentiality or the rights of other clients, or would significantly interfere with your treatment or the treatment of other clients, or would be unduly disruptive to the operations of CrossWinds.
- 7) **Communication.** You have the right to confidential, uncensored, private communication with: an attorney, physician, clergy, Department of Children and Family Services or other individuals, unless restriction of communication is clinically indicated and is documented in the client record.
- 8) **Religious Beliefs.** You have the right to your personal religious beliefs including the opportunity for religious worship, fellowship and to be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice or belief.
- 9) **Participate in Treatment Planning.** You have the right to actively participate in the development of an individualized treatment plan, including the right to request changes in the treatment services being provided, or to request a referral so that other staff members can be assigned to provide these services to you. If you do not feel that you can work with your provider, please discuss this with your provider or their supervisor.
- 10) **Refusal of Treatment.** You have the right to refuse any treatments or medications or withdraw consent unless such treatment is ordered by the court or is necessary to save the client's life or that is indicated in the client's assessment or treatment plan.
- 11) **Confidentiality.** You have the right to have staff refrain from disclosing to anyone the fact that you have previously received or are currently receiving any type of mental health treatment or services, or from disclosing or delivering to anyone any information or material that you have disclosed or provided to any staff member of CrossWinds during any process of diagnosis or treatment. This right shall automatically be claimed on your behalf by CrossWinds unless you expressly waive this privilege, in writing, or unless staff are required or allowed by law or a proper court order. Some examples of exception to confidentiality include: medical or psychological emergencies; suspected child abuse or neglect; threats toward others; licensure or accreditation reviews; and, others as allowed by law.

- 12) **Consent to Experimental Treatment.** You have the right to refuse to take any experimental medication or to participate in any experimental treatment or research project, and the right not to be forced or subjected to this medication or treatment without your knowledge and express consent or as consented by your guardian when the guardian has the proper authority to consent to this medication or treatment on your behalf.
- 13) **Complaints/Grievances.** You have the right to make a complaint/grievance concerning a violation of any of the rights listed in this regulation or concerning any other matter, and a right to be informed of the procedures and process for making such a complaint. The Crosswinds' grievance policy ensures the client's right to file a grievance and be free from retaliation for submitting such grievance. The Center's procedure for filing a complaint/grievance is as follows:
 - a. Complete a Complaint/Grievance Report- Complaint/Grievance forms are available upon request at the Center's main and satellite offices.
 - b. Completed Complaint/Grievance Reports are forwarded to the Risk Manager or Executive Director.
 - c. The client, who submits a Complaint/Grievance in writing, will receive a written notice, in a timely and impartial manner, acknowledging that his/her complaint has been received and is being investigated. This notice will include a contact person's name.
 - d. If the client is dissatisfied with the determination following the investigation, the client is advised of the right to appeal to: KDADS, Community Services and Programs Commission, Behavioral Health Services, New England Building, 503 South Kansas Ave, Topeka, KS 66603-3404 at (785) 296-6807 or fax (785) 296-7275.
- 14) **Medical Record.** You have the right to see, review, and obtain a copy, at your own expense, of the clinical record of your care and treatment, unless the Executive Director of CrossWinds determines that specific portions of the record will not be disclosed. This determination shall be accompanied by a written statement placed in the clinical record explaining why disclosure of that portion of the record at this time would be injurious to you or to others closely associated with you.
- 15) **Fee Agreement:** You have the right to be informed of the fees you are required to pay and refund policies and procedures at the time of admission and before receiving treatment services except for those services provided in a crisis situation.
- 16) **Coordination of Services.** You have the right to receive treatment or other services from the CrossWinds Counseling & Wellness (CrossWinds) in conjunction with treatment of other services obtained from other licensed mental health professionals or providers who are not affiliated with or employed by the Center, subject only to any written conditions that the Center may establish only to ensure coordination of treatment or any services. You also have the right to receive treatment recommendations and referrals, if applicable, when you are discharged or transferred from CrossWinds services.
- 17) **Benefits and Side Effects of Medication.** You have a right to an explanation of the potential benefits and any known side effects or other risks associated with all medications that are prescribed for you.
- 18) **Benefits and Risks of Treatment.** You have a right to an explanation of the potential benefits and any known adverse consequences or risks associated with any type of treatment that is included in your treatment plan.
- 19) **Alternative Treatments.** You have the right to be provided with information about other clinically appropriate medications and alternative treatments, even if these medications or treatments are not the recommended choice of your provider. If you want to know about other treatment alternatives, please discuss this with your treatment provider(s).
- 20) **Involuntary Treatment.** You have the right (if you are involuntarily receiving services pursuant to a court order) to be informed that there may be consequences if you fail or refuse to comply with the provisions of your treatment plan or to take any prescribed medication.
- 21) **Advance Directives.** You have the right to exercise your rights by substitute means, including the use of advance directives, a living will, a durable power of attorney for health care decisions, or through springing powers provided for within a guardianship.