

PSYCHIATRIC CONSULTANTS & THERAPISTS, S.C.

No patient shall be denied appropriate mental health care on the basis of race, color, creed, national origin, religion, sex, sexual orientation, age or handicap.

YOU HAVE THE RIGHT

1. To receive prompt and adequate treatment.
2. To have access to your treatment records after discharge or during treatment unless your provider has reason to believe that the benefits of allowing access are outweighed by the disadvantages. The reason for any restriction shall be entered into your treatment record.
3. To know by name and specialty, staff members responsible for your care.
4. To consideration of your privacy as it relates to your therapy program. Case discussions, consultation, and treatment are confidential and will be conducted discreetly. The clinic will take all precaution for confidentiality when releasing your treatment plan to your insurance company after you sign the appropriate release of information.
5. To be assured confidential treatment of your medical records, and may approve or refuse their release to any individual outside of PCT except as otherwise provided by law (i.e. suspected abuse or neglect) or third party contract, or in case of your transfer to another health care institution (Sec. 51.30 Wi. Stats) (HSS 92).
6. To be fully informed of PCT services and related charges.
7. To be afforded the opportunity to participate in planning your treatment program by signing your treatment plan and identifying goals for treatment. You may also refuse to participate in experimental research.
8. To be transferred or discharged only for therapeutic reasons, for your welfare or that of other patients. Reasonable advance notice of any transfer or discharge must be given to you and documented in your medical record.
9. To voice grievances and recommend changes in policies and services to PCT staff and be free from discrimination or reprisal.
10. To know that PCT provides accessibility to persons with physical disabilities.
11. To not be filmed or taped, without your written consent.
12. To be considered legally competent unless otherwise determined by a court.
13. To request a copy of your patient rights and responsibilities and informed consent.
14. To bring legal action against those who violate your rights.

These rights may be restricted or denied for treatment or security reasons. You will be informed of this and have an opportunity to present your views about any restriction of these rights at an informal hearing or meeting with staff or clinic manager (Sec. 51.61 (2), Stats.)

YOU HAVE THE RESPONSIBILITY...

1. To be honest about matters that relate to you as a patient.
2. To keep appointments and attempt to follow the directives outlined by the staff.
3. To know the staff who are caring for you.
4. To report changes in your condition to those responsible for your care.
5. To honor the confidentiality and privacy of other patients.
6. To use the grievance procedure if you feel your rights have been violated. This Grievance Resolution Process allows you to file a grievance if you feel your rights have been violated. You cannot be threatened or penalized in any way for filing a grievance. If you want to file a grievance, PCT must inform you of your rights and how to use the grievance process. If you wish to file a grievance, you should present the grievance to the client rights specialist, a staff person or the clinic manager within 45 days of the occurrence of the event or circumstance. The clinic manager may grant an extension of the 45 day time limit for filing a grievance for good cause. You may take the matter to court at any time. Your Client Rights Specialist is Quincy Tharps, RN, MSN. If the Client Rights Specialist has a substantial interest in the case, a different Client Rights Specialist will be assigned.

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INFORMED CONSENT

1. I hereby request and consent to outpatient treatment by Psychiatric Consultants & Therapists.
2. The benefits of proposed treatment and consequences of not obtaining treatment have been explained to me.
3. I have been informed of my rights as they relate to all phases of treatment. I will agree to sign a treatment plan after my first session that explains my diagnosis, type(s) of treatment, goals for treatment, and consequences of not receiving proper services.
4. In the event of administration to me of any psychotropic medication as part of my outpatient treatment, I will be informed orally of any possible side effects.
5. I have been informed and have read my patients' rights and responsibilities and have been given a copy of "Your Rights and the Grievance Procedure."
6. The time period of which this consent is effective is no longer than 15 months from the time consent is given. I have the right to withdraw the informed consent at any time in writing.

Bill of Rights

When you receive any type of service for mental health, alcoholism, drug abuse, or a developmental disability you have the following rights under Wisconsin Statute sec. 51.61(1) and HSS 94 Wis. Administrative Code:

Each Service provider must post this bill of rights where anyone can easily see it. Your rights must be explained to you.

PERSONAL RIGHTS:

- You must be treated with dignity and respect, free of any verbal or physical abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You can decide whether you want to participate in religious services.
- You cannot be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid.
- You can make your own decisions about things like getting married, voting and writing a will.
- You cannot be treated differently because of your race, national origin, sex, age, religion, disability or sexual orientation.
- Your surroundings must be kept safe and clean.
- You must be given the chance to exercise and go outside for fresh air regularly and frequently.

Rights designated with a * generally apply to inpatient and residential settings.

TREATMENT AND RELATED RIGHTS:

- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.

You must be informed of you treatment and care, including alternatives and possible side effects of medications.

- No treatment or medication may be given to you without your consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. (If you have a guardian, however, your guardian can consent to treatment and medications on your behalf.)
- You must not be given unnecessary or excessive medication.
- You cannot be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.

- You must be informed of any costs of your care and treatment that you or your relatives may have to pay.
 - You must be treated in the least restrictive manner and setting necessary to safely and appropriately meet your needs.
 - You may not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to you or to others.
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COMMUNICATION AND PRIVACY RIGHTS:

- You may call or write to public officials or your lawyer or advocate.
- You may not be filmed or taped unless you agree to it.
- You may use your own money as you choose, within some limits.
 - You may send and receive private mail. (Staff cannot read your mail unless you or your guardian asks them to do so. Staff may check you mail for contraband. They can only do so if you are watching.)
 - You may use a telephone daily.*
 - You may see (or refuse to see) visitors daily.*
 - You must have privacy when you are in the bathroom.*
 - You may wear your own clothing.*
 - You must be given the opportunity to have your clothes washed.*

- You may keep and use your own belongings.*
- You must be given a reasonable amount of secure storage space.*

Some of your rights may be limited or denied for treatment safety reasons. (See the rights with a * after them.) Your wishes and the wishes of your guardian should be considered. If any of your rights are limited or denied, you must be informed of the reasons for doing so. You may ask to talk with staff about it. You may also file a grievance about any limits of your rights.

RECORD PRIVACY AND ACCESS LAWS:

Under Wisconsin Statute sec. 51.30 and HSS 92, Wis.Adm Code.

- Your treatment information must be kept private (confidential).
- Your records cannot be released without your consent unless the law specifically allows for it.
- You can ask to see your records. You must be shown all records about your physical health or medications. Staff may limit how much you can see of the rest of your record while you are receiving services. You must be informed of the reasons for any such limits. You can challenge the reasons in the grievance process. After discharge, you can see your entire record if you ask to do so.
- If you believe something in your records is wrong, you can challenge its accuracy. If staff will not change a part of your record you have challenged, you can put your own version in your record.

RIGHT OF ACCESS TO COURTS:

- You may sue someone for damages or other court if they violate any of your rights.
 - Involuntary patients can ask a court to review the order to place them in a facility.