

Client and Family Rights and Responsibilities

PHILOSOPHY

Rosecrance Health Network and its affiliates will conduct activities in such a manner as to support and enhance the dignity of clients, keeping in mind at all times, their fundamental human, civil, constitutional, and statutory rights and developmentally appropriate functioning. Each client will have impartial access to treatment, regardless of past, race, ethnicity, religion, gender, sexual orientation, HIV status, age, disability, or funding source. Each client receives individualized, tailored treatment based on their identified needs. The Rosecrance Code of Conduct guides staff behavior at all times. All staff members are educated regarding client rights.

SCOPE

This policy applies to all Programs and services, employees and clients of Rosecrance Health Network and its affiliates. Included in this policy are the client rights regarding the following:

- Authorization / Consent for Treatment
- Therapeutic Environment
- Client Advocacy / Complaints
- Pastoral Services
- Communication (Mail, Telephone, Visitors)
- Personal Effects / Client Money
- Service Fees
- Culture, Ethnicity, Language
- Pain Assessment and Management
- Behavior Management
- Admission to Services
- Work for Rosecrance
- Absence from Treatment
- Community Meetings - Adolescents
- Medical Advance Directives – Adults
- Psychiatric Advance Directives

The rights of behavioral health clients are protected by federal and state regulations. It is essential that clients and staff understand both the rights and responsibilities while receiving services from Rosecrance.

For the purposes of this policy the terms *inpatient* and *residential* are used interchangeably.

PROVISIONS-GENERAL

Authorization for Treatment / Informed Consent

Critical to supporting client rights is the opportunity to exercise control over one's pursuit and use of services that may meet his/her needs. To assure this, individuals have the right to treatment at Rosecrance per agency admission criteria and policies. Confirmation of the exercising of that right will be documented by a signed *Consent for Treatment*, and *Consent for Assessment* and / or, *Consent for Detoxification* statements located in the Clinical Record. At the time of signing, staff explains the elements of the consent form to the client. These become part of the clinical record.

All individuals will also have the right to refuse service at any time. Treatment at Rosecrance is considered voluntary. Individuals who refuse treatment or refuse to sign a "Consent for Treatment" statement or are unable for any reason to agree to treatment will be considered for service under the rules and regulations of the Illinois Mental Health Code and/or the Illinois Alcoholism or Intoxication Treatment Act. In all instances of refusal for treatment, the reasons and disposition will be clearly documented in the Clinical Record. If the individual is a minor (under the age of eighteen), a parent, guardian, or authorized representative will be requested to sign the *Consent for Treatment* statement. Minors between the ages of 12-17 will also sign the Consent for Treatment. Minors under the age of 12 may sign if appropriate. Note: In Nebraska the age of majority is set to 19, anyone age 18 or younger would be considered a minor. If the minor is a ward of the court or the Illinois Department of Children and Family Services; or Iowa Department of Human Services or Iowa Juvenile Court Services, the "Consent for Treatment" statement will be signed by a representative of the governmental agency or the adult

who has been given guardianship. An exception exists with a minor who is between the ages of 12 and 17 who requests substance abuse services in Iowa. Per Iowa regulations (Chapter 125.33), a minor may give legal consent to receive treatment, and services shall not be reported or disclosed to the parents or legal guardian of such minor without the minor's consent. An exception exists in Illinois with a minor who is between the ages of 12 and 17 who requests mental health services. Per the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/3-501), a minor at least 12 years and less than 18 years may request and receive up to five 45-minute sessions without parent / guardian consent.

A written, dated and signed informed consent is obtained from the client and his or her family / guardian (if applicable), or authorized representative for any *specific* procedure where consent is required by law, e.g. consent to receive psychotropic medications for mental health services clients.

Statement of Client Rights

The client and the client's family / legal guardian (if applicable) are fully informed of their rights and responsibilities in the Client Treatment Guide provided. All clients will attest by signature that s/he has received a copy of the Statement of Client Rights. This acknowledgement will be included in the Clinical Record. Clients who may be disoriented upon admission are asked to re-sign an acknowledgement of receipt twenty-four hours later. A Statement of Client Rights will be posted in areas accessible by clients throughout each affiliate. A complete list can be found at the end of this policy. Client Rights will be distributed to mental health clients on an annual basis.

Therapeutic Environment

General

Rosecrance is committed to providing a therapeutic environment for individuals served and services will be provided in the least restrictive environment available.

Safety and Security

Rosecrance policies and procedures are designed to ensure client safety and security at all times. At Rosecrance, a culture of safety predominates in all therapeutic environments and facilities. The Environment of Care committee oversees maintaining a safe and secure environment for all clients, staff and visitors.

Mandated Reporting

MHS only - If an employee knows, suspects, or is made aware of any possible incidents of physical abuse, sexual abuse, mental abuse, financial exploitation, or neglect of a client by a Rosecrance employee, Rosecrance and the employee shall report the allegation to the Office of Inspector General hotline within 4 hours of discovery. Certain situations regarding client deaths may also be reportable. A separate OIG reporting policy / SOP / training is maintained as required.

All Services - reports of suspected child or developmentally disabled/ elder abuse must be made. All staff of Rosecrance are mandated reporters of child abuse. It is the responsibility of all staff to inform clients of such. This means that staff report all suspected cases of child or developmentally disabled/ elder abuse of any kind to the appropriate agency. If abuse of a minor or a developmentally disabled/ elderly person, as defined by the Illinois Abused and Neglected Child Reporting Act or the Illinois Adult Protective Services Act in Illinois and the Iowa Administrative Code 232.69 and Iowa Administrative Code 235B.3 in Iowa, is suspected by Rosecrance staff, the staff will notify the Illinois Department of Children and Family Services (DCFS), the Illinois Adult Protective Services, or the Iowa Department of Human Services hotline in accordance with the respective Act. If the client is receiving substance abuse services, 42 CFR Part 2 does not allow for disclosure unless it is to report child abuse. Reporting of all other types of abuse (elder, domestic violence) must be weighed with risk/ benefits analysis. Employees are expected to consult with supervisors, administrators, and / or the Corporate Compliance Department.

Protective Services

Further, in order to provide any such victims or alleged victims with Protective Services, Rosecrance maintains a linkage agreement with the Illinois Department of Children and Family Services and the Iowa Department of Human Services for such protection.

Confidentiality and Privacy

Any client information supplied to funding, licensing, and/or accrediting bodies by virtue of working agreements or legal statute will be in keeping with the law and will place the burden of confidentiality (where applicable) upon those organizations. Business Associate, Qualified Service Organization, Audit and Evaluation and specific Authorization for Release of Information agreements are maintained to provide privacy under the law.

Clients have a right to review, request changes, and receive an accounting of disclosures of their protected health information, according to HIPAA regulations. His/her written statement then becomes part of the clinical record. Clients have the right to review and/or request to amend their own clinical record either in writing or in person and to request that Rosecrance correct inaccuracies in his/her record. Clients that are no longer actively involved in treatment may be asked to provide identifying information, photo identification, and identification that includes a signature.

All staff are responsible for the maintenance of confidentiality of communication between clients and staff and all information documented in the Clinical Record. Rosecrance provides continuing training for all staff and specific orientation for all new personnel in the rules and regulations of confidentiality and privacy as governed by federal and state regulations.

Weapons and Contraband

No weapons or contraband (drugs, alcohol, or associated paraphernalia) are allowed on Rosecrance property. Upon admission to residential and Triage services, all clients and client belongings will be screened for these items. Weapons will be confiscated and based upon the type, may be returned upon discharge, returned to a family member, destroyed, or submitted to the police. Any outpatients or visitors suspected of carrying a weapon or other contraband will be asked to leave the premises immediately and staff will consider reporting it to the police. All items associated with drug or alcohol use will be destroyed by Rosecrance staff with one additional witness and documented thereof.

Client Advocacy / Complaints

Rosecrance Health Network and its affiliates have designated individuals to act as Client Advocate / Client Rights Specialist. This individual will advocate for the client with the assigned clinician and/or supervisors as well as other appropriate persons in areas where the client is dissatisfied and requests someone to officially intervene on his/her behalf. If necessary, the Client Advocate will have access to the Clinical Record, and may meet with other staff as needed in his/her position as Client Advocate. A route of appeal when individuals disagree with an Agency decision or policy has been established and the client will receive a direct response to any issues s/he has raised. Complaints remain confidential and only the essential staff are involved.

In Wisconsin, staff are oriented to the civil and criminal liabilities for preventing an individual from filing a grievance or from discrimination or retaliation of any kind against an individual who has done so. The Corporate Compliance Director will act as Client Rights Specialist for Wisconsin clients.

Pastoral Services

Rosecrance Health Network and its affiliates believe that recovery from behavioral health issues involves the whole person, which includes physical, emotional, social, and spiritual aspects. In this context, spirituality is to be considered separate from any organized religion. In order to address the spiritual aspect of the recovering person, Rosecrance employs the services of a Chaplain who directs pastoral services. Staff must not impose or attempt to impose their own spiritual or religious beliefs upon clients.

Communication (Telephone, Visitors, Mail)

Clients have the right to communication that meets their needs. This includes visitors, mail, telephone, etc. Any restrictions to these are determined with the clients' participation. All clients with special communication needs will be provided with the necessary resources to communicate while receiving services. These will be provided without cost to the client. This includes but is not limited to the cost of qualified interpreters for those clients that are non-English speaking or deaf or hard of hearing.

Parents, friends, family members and staff are not utilized as official interpreters/translators for clients unless it is an emergency situation and a professional, certified translator/interpreter is not immediately available. Clients have the right to contact public officials, lawyers, or patient advocates

Visitors

Affiliate specific visitation procedures have been established. Confidentiality requirements have been established and must be met. Family members (and significant others of adult clients) are strongly encouraged to participate in the client's treatment when appropriate. Clients may refuse to see visitors. Extended family and friends, probation officers, caseworkers, etc., may visit with the client only when specifically approved. Designated visiting areas have been established. Private visitations can be arranged unless contraindicated in the treatment plan.

Other visitors who may arrive at the facility other than on visiting day and/or who are not clinically appropriate, approved by the clinician, clinician's supervisor or the Director/Administrator, or are not legally appropriate will not be allowed to visit with any client. Staff makes all practical efforts to protect clients' rights and privacy when visitors to the facility in general are present.

Mail (residential settings)

Client mail, both incoming and outgoing, is never to be withheld for disciplinary reasons or censored by staff. Postage for client correspondence is paid for by the client. Mail must be opened by the client in front of staff to ensure no contraband is contained therein. Clients are discouraged from using Rosecrance as their mailing address as this may compromise their confidentiality. Efforts will be made to forward mail received after a client's discharge or transfer to outpatient services. If the client's whereabouts is unknown, any mail received after the client has been discharged will be marked "return to sender" and taken to the post office.

Telephone

MH Crisis Residential & SAS Residential settings only: To protect client confidentiality and prevent disruption to the therapeutic activities, all incoming telephone calls will be taken initially by staff. Affiliate-specific procedures have been established for staff to receive calls and relay emergency and non-emergency calls / messages. Clients have the right to coordinate telephone calls with approved / consented individuals. Private conversations may be arranged, if needed.

All settings: No information may be given that may disclose an individual as a behavioral health client to any caller as required by the federal confidentiality law, unless the client has signed a consent to acknowledge presence. Rosecrance will not accept collect phone calls. If clients do not have sufficient funds for long distance calls necessary to contact caseworkers, probation officers, referral sources and/or family members, the client is to notify staff for assistance. Any calls made on agency telephones are monitored by staff.

Therapeutic Environment

It is the responsibility of all staff to assist in maintaining the campuses as clean and safe environments every day. Staff are responsible for seeing that clients maintain the inpatient units according to established guidelines. Staff are responsible for areas that are off limits to clients.

Food Service personnel are responsible for the cleanliness of the general food preparation, storage, service and dining areas. Clients and staff are responsible for maintaining food storage and service areas on the residential units.

Clients are also responsible for maintaining their own living quarters and for day-to-day housekeeping activities. The Agency provides regular housekeeping and Environmental Services staff services. Additionally, the Agency provides for and maintains a pest-free environment.

All furnishings and equipment are kept safe and in good repair. The general environment should be comfortable, clean, functional, well ventilated, at comfortable temperatures, and appropriately lighted. If appropriate, clients should be able to control room / apartment lighting.

No structural restraints are used. All exit doors are locked to prevent access from the outside only. Clients are provided regular and frequent access to the outdoors and designated recreational and therapeutic / garden areas as appropriate to their treatment activities.

The Environmental Services Supervisor is responsible for the housekeeping and maintenance functions. The Environment of Care committee reviews any significant variances, patterns or trends no less than quarterly.

Allocation of Space

The affiliate administrators, in conjunction with the leadership team and the Board of Directors, collaborate to ensure the provision of adequate space and staff. When planning for the annual budget, current allocation of staff and space per program are reviewed and recommendations are made wherever deficits are identified. Staff to client ratio, client acuity, and any changes in licensing or regulatory requirements is taken into consideration.

The design, structure, furnishings and lighting of the client environment promote clear perceptions of people and functions and allow for private conversations, as well as interactions with family, friends and staff. Reception areas are adequate for the comfort of visitors and families. Restrooms are adequate to meet client, staff, and visitor needs. Clean, cool drinking water is readily available for all clients, staff and visitors.

Rosecrance has established space allocation performance standards in accordance with state and local regulatory requirements or any exceptions granted under those requirements.

The dining areas are maintained at a comfortable temperature and kept attractive and pleasant. Tables are of the size and arrangement

that encourage socialization through small groups. All meals are supervised by staff and loud distracting noises are not allowed. Residential units have refrigerators and areas for snacks according to the program and needs of clients within each program. All client food and medications are stored in the appropriate controlled environment.

Personal Effects / Privacy / Money

Rosecrance makes no provision and assumes no responsibility for the security of any client's personal effects. However, clients' personal articles may be kept under lock and key by staff when clinically indicated. No personal effects of clients will be left at Rosecrance for storage. Any client property inadvertently left at Rosecrance will be disposed of appropriately 10 days after discharge. Clients have the right to receive privacy while using the toilet and bathing. Clients will be treated with dignity and respect by Rosecrance staff. Staff respects a client's right to privacy by knocking on the door of the client's room / apartment prior to entering. All residential clients are observed by treatment staff during the day with regular bed checks as required by regulation or best practice for client safety. Clients are allowed to keep personal belongings in their room / apartment and add personal touches to the decor of their room / apartment. (For the adolescent clients, this is determined by their level in the level system). However, articles that are clinically contraindicated are returned to the client's home, family and / or guardian. Clients wear their own clothes with the exception of the Health Center, and Crisis Residential, where clients are provided with hospital scrubs, or other Rosecrance issued clothing. If specific items of clothing are judged unsuitable (for example: containing drug/alcohol references) by clinical staff, they are returned to the client's home. Residential Substance Abuse clients may be allowed to keep a limited amount of cash. All monies will be receipted. Client money in excess of the affiliate limit will be kept in a locked safe by Rosecrance accounting personnel who will assist the client with deposits and withdrawals. Adolescent clients do not keep any money in their possession. All monies are returned to clients upon discharge.

Service Fees

Clients have a right to uniform access to care, treatment, and services is based on individual needs. It is the policy of Rosecrance Health Network and its affiliates to make treatment affordable and to not deny services due to an inability to pay. The fee schedule along with any possible additional financial responsibilities will be presented to the client / family prior to or as part of the admission process.

Culture / Ethnicity

Rosecrance Health Network and its affiliates provides staff orientation and training regarding sensitivity to cultural diversity so that clients' individual needs can be met.

Pain Assessment, Education and Management

Rosecrance Health Network and its affiliates recognize that pain may be associated with physiological dependence on and/or withdrawal from certain substances or clients may also experience additional acute or chronic pain. Trained Rosecrance staff will assess their pain according to criteria established by the Chief Medical Officers and/or Medical Director. Clients also have the right to be educated regarding all aspects of the management of their pain. For those substance abuse residential clients who meet the Agency criteria for pain assessment, the Medical Director and nursing staff will assess and determine the best course of management for this pain. This may include, but not be limited to a referral to an outside physician or agency. Those clients will be educated regarding all aspects of their pain and its management. In outpatient, clients whose pain meets agency criteria, an appropriate referral will be made for all aspects of pain management.

Rosecrance also recognizes the differences in individual reactions to pain because of culture, ethnicity and other factors unique to the individual.

Behavior Management

Rosecrance is first and foremost a behavioral health treatment agency and as such does not conduct a formal Behavior Management Program. There is an existing Code of Conduct for all clients. A point and level system for SAS adolescents and SAS young adults receiving residential treatment helps them progress through their addictions treatment program. Rather than *managing* behavior of clients, behavior is *guided* and clients are taught how they themselves can manage their own behavior.

when there is imminent danger of harm to self or others. Restraint and seclusion are never utilized for ease of staff or as a punishment for client behaviors.

Admission to Services

Illinois SAS Only: Admission priority will be granted as required by the Illinois Division of Substance Use Prevention and Recovery to those individuals who meet the following criteria:

- Pregnant females, females with small children and postpartum substance abusers
- IV drug users
- DCFS referrals
- Women and children
- Department of Corrections releases who have completed a prison treatment program
- TASC (Treatment Alternatives for Safe Communities) referrals

Iowa SAS Only: Admission priority will be granted as required by the Iowa Department of Human Services to those individuals who meet the following criteria:

- Pregnant females
- IV drug users

If the appropriate level of care is not available, a firm referral to another licensed facility will be made.

If an adult woman is in need of childcare (children under the age of 5 and not in school) and she meets criteria for Outpatient services, coordination will be handled through the on-site childcare services and transportation will be provided through Rosecrance Outreach staff, in regions where these services are available.

Rosecrance provides treatment to individuals under specific court orders. In such cases, all requirements stated in Part 2060,403 of the Illinois Division of Substance Use Prevention and Recovery General Requirements or the Iowa Department of Human Services Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs are adhered to.

Absences from Treatment

Leaves of Absence (residential SAS only)

Rosecrance SAS strongly encourages adolescent clients to utilize Therapeutic Leaves of Absence (TLOA) to establish contacts in the AA / NA / CA community and to improve communication by spending quality time with their families. Adults may utilize TLOAs to meet outside commitments when necessary and approved by their treatment team.

Outpatient Attendance

Rosecrance believes that continuity of care is extremely important to fully benefit from treatment, regardless of the level of care. However, Rosecrance understands that there may be circumstances in which full attendance is not always possible. Therefore, a Best Practice has been established to give outpatient clients every opportunity to re-engage in treatment services before being discharged unsuccessfully. All clients are given information at admission regarding the importance of following through with appointments and how they are at risk for case closure if they do not follow through with appointments.

Family Involvement

Rosecrance strongly believes that participation in treatment by a family / adult significant other is essential to recovery. Rosecrance believes that alcoholism and drug addictions as well as certain behavioral health issues are family diseases and encourage involvement by conducting Family Programming. A Statement of Client and Family Rights is provided at the time of admission.

Among those services encouraging family involvement are:

- Individual & family counseling sessions
- Education Programs
- Visitation
- Involvement in treatment planning

"Community Meetings": SAS

Weekly community meetings will be conducted involving both clients and staff in Level III services. These meetings will provide the opportunity for clients to assist in planning activities and to communicate concerns to staff. They provide the opportunity for staff to review The Client Treatment Guide information, answer questions, communicate expectations and review any policy changes concerning client care.

PROVISIONS – ADULTS

Medical Advanced Directives

An Advance Directive (i.e. Powers of Attorney for Health Care, Do Not Resuscitate Orders, and Living Wills) is a legal document allowing a person to give directions about future medical care or to designate another person(s) to make medical decisions if he or she should lose decision-making capability. Rosecrance is unable to comply with such Medical Advance Directives. However, Rosecrance believes it is important to inform clients about advance directives. Therefore, clients are informed of their Medical Advance Directives rights and Rosecrance's practices at the time of assessment.

If the client presents a written Medical Advance Directive, the document will be maintained in the client's medical record and a copy will be furnished to emergency personnel as necessary even though Rosecrance will not comply with the Advance Directive. Rosecrance staff will clearly inform each client that Medical Advance Directives will not be complied with by staff while the client is admitted to Rosecrance. If the client wishes their Medical Advance Directives to be honored, s/he will be referred to a facility that meets their individual needs. If the client acknowledges in writing in Rosecrance's Medical Advance Directives Inquiry and Acknowledgment Form Rosecrance's unwillingness to comply with Medical Advance Directives while the client is admitted to Rosecrance and the client still chooses to receive treatment, the client may be admitted.

Following is a list of client and family rights and responsibilities provided to all clients and posted throughout Rosecrance facilities.

ROSECRANCE CLIENT RIGHTS & RESPONSIBILITIES

As a client of Rosecrance, you, your parent or guardian, or authorized representative (if applicable) have a **right** to:

1. Have impartial **access to treatment** regardless of race, religion, gender, sexual orientation, religion, HIV status, age or disability.
2. Be provided services within the **least restrictive environment possible**, which assures your safety, health and well-being.
3. The provision of an adequate number of competent, qualified and experienced professional **clinical staff** to supervise and implement the treatment plan.
4. Receive adequate information about the clinical **staff** responsible for your care, including the identity of physician(s) and clinicians who have responsibility for the care and services you receive; notice of, and reasons for any proposed change in the clinical staff responsible for your care; and an explanation of any professional relationships among people who are treating you and to any other health care or educational institution managed or coordinated by Rosecrance staff.
5. Receive information about your treatment and care.
6. Be treated with **courtesy and respect** by all Rosecrance employees.
7. **Prompt and adequate** treatment.
8. Be treated in a manner and in an environment free of neglect, exploitation, and verbal, mental, physical and sexual abuse.
9. **Visit** with family, adult significant others, guardians, and support as services unless clinically contraindicated.
10. Send and receive **mail** without hindrance.
11. Be informed of the **hours of service**.
12. Participate in any **ethical issues** that arise in your care.
13. To be informed of your rights and responsibilities in a **language and manner** that meets your needs.
14. An **interpreter** where a language or communication barrier exists.
15. To **vote**.

16. Be informed of the expectations for the level of **involvement** in your own care.
17. Be informed of the criteria for the provision of care for **females with children**.
18. Receive considerate and respectful care in a safe **environment** that is mindful of your culture, values, and belief systems as well as your age and any disability.
19. Individualized treatment including adequate and humane services regardless of the source(s) of **financial support**.
20. Have personal **privacy** whenever possible.
21. Be informed of the **cost** of services rendered, and receive and examine your bill.
22. Be informed regarding the potential use of crisis intervention techniques, including physical restraint and/or seclusion.
23. Be informed about the **nature of the care**, procedures, and treatment that you will receive, as well as **alternatives** available.
24. Attend or refuse to attend **religious services** or to participate in religious activities or observe religious holidays within the framework of your interests, clinical status and treatment needs.
25. Participate in and understand all limitations on **visitation** and/or **phone calls**.
26. Know that the following procedures will apply at any time that **limitations** on privacy, movement or communications (including visitation and phone calls) are imposed on a specific individual, and are not imposed on all clients in the group to which you belong:
 - a. You and/or family (if applicable) will be informed in writing of any restriction(s)
 - b. The restriction(s) will be documented in your Clinical Record with reasons noted
 - c. The restriction(s) will be reviewed by supervisory personnel and documented in your Clinical Record by your clinician at least every three days
 - d. Any physician order for restriction to bed rest or prevention of access to the outdoors must be reviewed at least every three days
 - e. You will be informed of your right to an explanation of the restriction(s) and your route of appeal.
27. Expect that your reports of **pain** will be believed, and that pain will be assessed and managed.
28. Formulate **advance directives** if so desired (adults only). For substance abuse clients, Rosecrance is unwilling to comply with advance directives. For mental health clients, Rosecrance honors advance directives.
29. Receive a "**Notice of Privacy Practices**" regarding your records and right to privacy.
30. Be informed of the contents and understand all **consents and acknowledgements** you are asked to sign.
31. Maintenance of **confidentiality** of all information in your records, except where otherwise provided by law.
32. Be informed regarding **confidentiality of HIV/AIDS** status and testing as well as the right to undergo testing on an anonymous basis.
33. Have **access** to your clinical record and request that inaccuracies be corrected. If you believe the information in your record is inaccurate, you may respond with a written statement which will then become part of your clinical record. If your request is refused, you may seek a court order to compel modification.
34. To be informed of any unauthorized **disclosures** of your confidentiality or protected health information under HIPAA.
35. Have no written or verbal information regarding your treatment released from this organization, to the extent permitted by law, without your informed voluntary **written consent**.
36. Receive and understand an informed **consent** for assessment, treatment, and / or detoxification which consist of being given a clear, concise explanation of a) your condition; b) proposed interventions, treatments or medications; c) goals and potential benefits and risks of proposed services, d) the likelihood of success; and d) any significant alternative medications, treatments or interventions.
37. Receive and understand an informed **consent** for certain medications prescribed by Rosecrance physicians.
38. Receive and understand an informed **consent** before participating in supplemental activities. This includes, but is not limited to the use of recordings, films or other images for internal use other than identification, diagnosis or treatment; recordings, film, or other images for external use; sports and exercise activities; community program involvement; volunteering; marketing; research studies; clinical trials; alumni activities.
39. Receive and understand an informed **consent** before you participate in any research project.
40. Be informed of the risks, side effects, and benefits of all **medications** and treatment procedures.
41. Not receive unnecessary or excessive **medications**.
42. **Refuse** specific medications, treatment, or intervention procedures, to the extent permitted by law, and to be informed of any consequences.
43. **Refuse** to participate in any research project without compromising your access to treatment.
44. **Social interaction** with others, as well as the right to refuse visitors.
45. For patient safety, video monitoring has been installed in or around some RJC facilities. These video records are protected by the "Confidentiality and Privacy" rules as stated.
46. Actively **participate** in your treatment plan, treatment plan reviews, and discharge plan as appropriate to your age, maturity, clinical condition and family and significant others as you desire and/or guardian or authorized representative as regulated by law.

47. Have **access** to an individualized treatment plan, which will be developed and periodically reviewed with you and your family / significant other (if applicable). Additionally, you and your family / significant other (if applicable) will be included in planning your discharge.
48. Be involved in a **discharge/transition plan** that meets your continuing mental and physical health requirements following discharge.
49. **Emergency medical** care through direct care staff (CPR, First Aid) and community medical emergency services.
50. A complete explanation for any **transfer** of treatment and knowledge of alternatives to that transfer.
51. Be informed if limitations exist to the duration and type of support and **ancillary services**.
52. Know the **rules** and regulations of the facility applicable to one's conduct.
53. Work for Rosecrance if the work is part of the individual treatment plan and is performed voluntarily, and the work project complies with local, state, and federal laws and regulations.
54. Be informed whenever an outcome differs significantly from the **anticipated outcome**.
55. Not be presumed **legally disabled** unless declared so by a court.
56. Request the opinion of a **consultant** at your expense or to request an in-house treatment plan review.
57. Be informed about how to initiate a **complaint** and the appropriate means of requesting a hearing or review of the complaint.
58. Voice **concerns** or suggest changes in services and/or staff without being subject to threat, discrimination, coercion, reprisal, or unreasonable interruption of service for doing so.
59. Have all reasonable **requests** responded to promptly and adequately within the capacity of the treatment center.
60. For **mental health clients only**, you have the right to:
 - a. Contact the **public payer** or its designee and be informed of the public payer's process for reviewing grievances.
 - b. Assign a **surrogate decision maker** according to the mental health and Development Disabilities Code, the Power of Attorney for Health Care Law, or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act if you cannot understand a proposed treatment plan.
61. Be paid for work performed or to refuse to perform **work**.
62. Have **reasonable decisions** made by Rosecrance on your behalf.
63. Not be denied, suspended, terminated from services or have services reduced for **exercising any of these rights** except when the exercise of these rights prevents the provision of appropriate care.

As a client of Rosecrance, you have the **responsibility** for:

1. Providing to the best of your knowledge, accurate and complete information regarding past illnesses, hospitalizations, medications, psychosocial and other information relating to your health, including any cultural values or special communication needs. History of medical or psychiatric treatment, care or services.
2. Asking questions when instructions, plan of care, or expectations are not understood.
3. Participate in your care by following mutually agreed upon treatment plans.
4. Stating expectations following the care, service, or treatment plan development.
5. Cooperate and assist in making treatment plans in a responsible and timely manner.
6. Accepting the outcomes if the care, service or treatment plan is not followed.
7. Following Rosecrance policies, rules and regulations concerning individual care and conduct.
8. Showing respect and consideration of other clients and their property
9. Showing respect and consideration of Rosecrance staff and property
10. Helping control noise and disturbance
11. Following smoking policies
12. Promptly meeting any financial obligation agreed to with Rosecrance
13. Complying with safety rules and helping to maintain a safe environment; Reporting safety risks.
14. Carrying out personal housekeeping tasks without compensation.
15. Be responsible for the behavior of your minor children brought to the agency.
16. Keep scheduled appointments or cancel them within 24 hours.
17. Keep information shared in therapeutic groups private and confidential.

The client has the right to contact the following agencies with questions about his or her rights of if there is a possibility the client's rights have been violated.

<p>State of Illinois Guardianship & Advocacy Commission 4302 North Main Street Rockford, IL 61103 815-987-7567</p>	<p>Equip for Equality, Northwest Region Paddock Building 1612 2dn Ave. Suite 210 P.O. Box 3753 Rock Island, IL 61204 800-758-6869 TTY-800-610-2779</p>
<p>Department of Correction 1301 Concordia Ct. P.O. Box 19277 Springfield IL, 62703 800-368-1463</p>	<p>Client & Family Care Line 866-359-7953</p>
<p>Office of Inspector General 901 Southwind Road Springfield, IL 62703 800-368-1463</p>	<p>Department of Children & family Services (DCFS) Office of Affirmative Action 100 West Randolph Chicago, IL 60801 312-814-4692</p>
<p>Illinois Division of Substance Abuse Prevention and Recovery 100 W. Randolph St., Suite 5-600 Chicago, IL 60601 312-814-3840</p>	<p>Iowa Civil Rights Commission Grimes State Office Building 400 E. 14th Street Des Moines, IA 50319-0201 1-800-457-4416 or 515-281-4121</p>
<p>Iowa Department of Human Services (515) 281-3094</p>	<p>Iowa Department of Human Rights 321 E. 12th St. Des Moines, IA 50319 (515) 242-5655 Phone</p>
<p>Wisconsin Department of Safety and Professionals Services: Division of Legal Services and Compliance P.O. Box 7190 Madison, WI. 53707-7190 608-266-2112</p>	<p>Wisconsin Department of Health Services 1 West Wilson Street Madison, WI 53703 608-266-1865,</p>

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