

**Your Rights as a Client
of Unison Behavioral Health
Mental Health, Developmental Disabilities, and Addictive Diseases**

State and Federal laws protect your rights as a client of Unison Behavioral Health treatment programs. Below is a simplified outline of those rights:

Your Rights Include, but are not limited to:

- The right to receive care suited to my needs
- The right to receive services that respect my dignity and protect my health
- The right to receive treatment regardless of race, ethnic origin, religion, creed, gender, handicap, or sexual orientation
- The right to pertinent information, including the benefits and risks of treatment, in sufficient time to make informed decisions
- The right to participate in planning my own program, and the right to request choice over the composition of the service delivery team, service delivery, release of information, concurrent services, involvement in research projects if applicable, and the right to be informed of the rules, procedures, and schedules of the program.
- The right to be informed in advance of the reason(s) for discontinuance of service, and to be involved in planning for the consequences of that event
- The right to active and informed participation in the establishment, periodic review, discharge planning and/or reassessment of the service/ treatment plan
- The right to consent to or refuse any services, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal.
- The right of referral to legal entities for appropriate representation, and to self-help and advocacy support services
- The right to prompt and confidential services even if unable to pay
- The right to request an opportunity to inspect, copy, and correct my records (see Privacy Practices Notice)
- The right to exercise all civil, political, personal, privacy and property rights to which I am entitled to as a citizen
- The right to remain free of physical restraints or time-out procedures unless such measures are required for providing effective treatment or for protecting my safety or the safety of others
- The right to remain free of unnecessary or excessive medication
- The right to service in a humane setting in the least restrictive possible service as defined in the individual's treatment plan and that is free from physical, sexual, and psychological abuse, financial or other exploitation, threatening, retaliation, humiliation, neglect and physical punishment.
- To the extent possible within program guidelines, the right, if a residential client, to converse privately, to have a reasonable access to a telephone, to receive and send mail, to have visitors, and to retain my personal effects and money
- The right to file a complaint or grievance if I feel that any of these rights have been restricted denied, or to appeal a decision made by staff and that such action will not result in retaliation or barriers. Information on how to file a complaint or contact my Client's Rights Representative is present on a poster near the reception desk at every service site
- The right to obtain from the agency, upon written request, a copy of the most recent completed report of licensing inspection.
- The right to have visitors and to have use of the community telephone, within the agency's prescribed hours and rules.
- The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of treatment, payment or healthcare operations, unless release of information is specifically authorized by the client or legal guardian of an adult client in accordance with Rule 5122:2-3-11 of the administrative code. Records will then be stamped with the

following statement: "This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulation (42CFR, Part 2) prohibits you from making further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose."

- The right to receive an explanation of the reason(s) for denial of services.
- The right to know the cost of services.
- I have received a copy of my rights as a client and understand that I may receive further information about my rights from my case coordinator or any other employee of the agency at any time.
- The right to be informed of one's own condition, of proposed or current services, treatment, or therapies, and of the alternatives.
- The right to participate in any appropriate and available agency services, regardless of refusal of one or more other services, unless there is a valid and specific necessity precludes and/or requires the client's participation in other services. This necessity will be explained to the client and written into the client's current service plan.
- The right to a current, written, individualized services/treatment plan that addresses the client's mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral. Additionally, the client shall have the right to a periodic review of the service plan, and to participate in the development of it.
- The right to have the opportunity to consult with independent treatment specialists or legal counsel, at the client's own expense.
- The right to receive a Notice of Privacy Policy and the ability to revoke authorization to disclose.
- The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting information shall explain to the client and or other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Clients may request access and/or a copy of their own records through a written request. There is a copy fee.
- The right to be fully informed of all rights, and to exercise any and all rights without reprisal in any form, including continued uncompromised access to services.
- The right to access appropriate personnel in the case of a physical or mental health emergency.

Your Responsibilities Are:

- Complying with the rules and regulations of the organization providing health care.
- Showing respect for the rights of other clients/patients and health care workers.
- Becoming knowledgeable about health plan coverage, being aware of financial obligations, and making a good-faith effort to meet financial obligations
- Becoming involved in care decisions by disclosing relevant, accurate, and complete information and sharing concerns and asking for information.
- Greater individual involvement by clients in their care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment. Such client responsibilities include: Reporting wrongdoing and fraud to appropriate resources or legal authorities.

You have the right to file a complaint for violation of your client rights to:

- **The Unison HIPAA Privacy and Corporate Compliance Officer**
1007 Mary Street
Waycross, GA 31503
912-449-7113 or 912-449 7100 Extension 8617
- **The State Regional Office for DBHDD**
For Unison Behavioral Health:
Region 5 DBHDD Office
1915 Eisenhower Dr. Bldg 7, Savannah, GA 31406
(912) 303-1670
- **The Department of Human Rights**
Georgia Department of Community Health
2 Peachtree Street NW
Atlanta, GA 30303-3159
PH: (800) 878-6442 FAX: (404) 657-8935
- **The US Department of Health and Human Services, Office of Civil Rights:**
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth St., S.W. Suite 3B70
Atlanta, GA 30303-8909
(800) 368-1019, TDD (800)537-7697, FAX (202)619-3818

A copy of this notice of Client Rights is posted on the bulletin boards in each program.