

CLIENT RIGHTS STATEMENT

rev. 03/18/2011

The Ohio Department of Mental Health [5122:2-1-02 (F)(1)(a)] requires that as a client of Mid-Ohio Psychological Services, Inc. you must be informed of patient/client rights. Therefore, it is necessary that you read the following and show your recognition of these rights by signing on the lines provided. Please feel free to ask questions if you have any doubts about any right or the meaning of the paper.

Services of Mid-Ohio Psychological Services, Inc. are available to anyone regardless of sex, age, religion, race, color, national origin or physical impairment.

While you are receiving services at the Mid-Ohio Psychological Services, Inc. you have the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to service in a humane setting which is the least restrictive as feasible as defined in the treatment plan.
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives.
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment, or therapy on behalf of a minor client.
5. The right to a current, written, individualized service plan that addresses one's own 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.
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan.
7. The right to freedom from unnecessary or excessive medication.
8. The right to freedom from unnecessary restraint or seclusion.
9. The right to freedom abuse, financial or other exploitation, retaliation, humiliation, and neglect.
10. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
11. The right to be informed of any unusual or hazardous treatment procedures.
12. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs.
13. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.

14. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of the Administrative Code.
15. 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 client 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 eminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Client shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.
16. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
17. The right to receive an explanation of the reasons for denial of service.
18. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay.
19. The right to know the cost of services.
20. The right to be fully informed of all rights.
21. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service.
22. The right to file a grievance.
23. The right to have oral and written instructions for filing a grievance.

If you have any questions concerning these rights or would like to file a grievance, you may contact the Client Rights Officer, Shawna Watts (Mid-Ohio Psychological Services, Inc., 624 East Main Street, Lancaster, Ohio 43130) during normal working hours (9:30 am to 5:30 pm) or by calling (740) 687-0042. The Client Rights Officer is responsible for accepting and overseeing the grievance process of any grievance filed by a client or other person or agency on behalf of a client. If the Client Rights Officer is the subject of the grievance or is unavailable, the alternative Client Rights Officer is Amy Figgins and can be contacted as noted above.

Mid-Ohio Psychological Services is an agency which receives funds from and is licensed by the Ohio Department of Mental Health and nationally accredited by CARF. The agency is contracted with the Fairfield County ADAMH Board and receives funds from each of the county boards it operates clinics in and as such is subject to audits by these entities. All information obtained in audits will be maintained as confidential as required by state and federal confidentiality regulations.

You may also seek additional help by contacting any of the following agencies.

1. Fairfield County ADAMH Board (Fairfield County Residents)
108 W Main Street, Suite A
Lancaster, Ohio 43130
(740) 654-0829 Fax (740) 654-7621
2. Franklin County ADAMH Board (Franklin County Residents)
447 East Broad Street
Columbus, Ohio 43215
(614) 224-1057 Fax (614) 224-0991
3. Community Mental Health and Recovery Board of Licking and Knox Counties (Licking County Residents)
1435-B West Main Street
Newark, Ohio 43055
(740) 522-1234 Fax (740) 522-3502
4. Delaware-Morrow MHRS Board (Delaware County Residents)
40 North Sandusky Street, Suite 301
Delaware, Ohio 43015
(740) 368-1740 Fax (740) 368-1744
5. Paint Valley ADAMH Board (Ross County Residents)
394 Chestnut Street
Chillicothe, Ohio 45601-2305
(740) 773-2283 Fax (740) 773-2770
6. Ohio Department of Mental Health
Client Advocacy Coordinator
30 East Board Street, 8th Floor
Columbus, Ohio 43266-0414
(614) 466-2333 Fax (614) 466-1571
7. State of Ohio Psychology Board
77 South High Street, Suite 1830
Columbus, Ohio 43215-6108
(614) 466-8808 Fax (614) 728-7081
(877) 779-7446 Toll Free

8. Ohio Legal Rights Service
50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
(614) 466-7264
(800) 282-9181 Toll Free
TTY (614) 728-2553 or (800) 858-3542
9. State of Ohio Counselor and Social Worker and Marriage and Family Therapist Board
50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919
(614) 466-0912 Fax (614)728-7790
10. Valerie Morgan-Alston, Regional Manager
Office for Civil Rights
U.S. Dept. of Health & Human Services
233 N. Michigan Ave., Suite 240
Chicago, Ill. 60601
(312) 886-2359 Fax (312) 886-1807 TDD (312)353-5693
11. State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, Ohio 43215-6127
(614) 466-3934 Fax (614) 728-5946
(800) 554-7717 Toll Free
12. Attorney General's Office
Health Care Fraud Unit
400 East Town Street, 5th Floor
Columbus, Ohio 43215
(614) 466-0722 Fax (614) 644-9973
13. Nursing Education & Nurse Registration Board
17 South High Street, Suite 400
Columbus, Ohio 43215-7410
(614) 466-3947 Fax (614) 466-0388
14. Client Assistance Program
Governor's Office of Advocacy for People with Disabilities
35 East Chestnut Street, 5th Floor
Columbus, Ohio 43215-0400
(800) 228-5405 Fax (614) 752-4197

CLIENT RIGHTS STATEMENT

I have read and understand the Client Rights Statement (rev. 03/18/2011) and have been given a copy for myself.

Client's Signature: _____

Parent/Legal Guardian's Signature: _____

Counselor's Signature: _____

Date: _____