



North Central Behavioral Health Systems, Inc.

Individual Rights and Responsibilities

Based on our basic values and mission statement, NCBHS, Inc., their Board of Directors, Leadership Staff and employees jointly affirm and recognize the following rights and responsibilities of individuals:

Individual Rights: You have the right to...

1. Services provided according to the *Mental Health & Developmental Disabilities Code*, Chapter 2, and *Rights of Recipients of Mental Health & Developmental Disabilities Services*.
2. Be treated with dignity and care that is considerate, respectful of your personal values and belief system and that maintains your legal and civil rights.
3. Experience no discrimination or prejudice in receiving treatment regardless of ethnic background, national origin, religious creed, handicap, sexual orientation, HIV status, marital status, criminal record unrelated to present dangerousness, or source of financial support.
4. Receive adequate and humane care in the least restrictive environment pursuant to your individual treatment plan.
5. Non-discriminatory access to services as specified in the *American With Disabilities Act of 1990 (42 USC 12101)*. *The right to have disabilities accommodated by the ADA Section 504 of the Rehabilitation Act and Human Rights Act. (775 ILCS5)*
6. Competent, qualified, and experienced professional clinical staff to supervise and carry out your individualized treatment plan which is subject to periodic reviews.
7. Be informed about the nature of your treatment and to participate in your course of treatment through participation in the development of your individualized treatment plan as well as to include your family in your treatment planning.
8. A copy of your individualized treatment plan will be given to you.
9. Participate in any treatment team meeting regarding yourself.
10. To review your clinical record.
11. Justification for any restriction of your individual rights shall be documented in your individual record.
12. To communicate with other people in private, without obstruction or censorship by agency staff. These rights include mail, telephone calls, and visitors.
13. To your personal property.

Individual Rights and Responsibilities

14. Be free of any abuse or neglect and/or exploitation by agency employees. If you feel your right has been violated, you may contact the Illinois Department of Public Health, Illinois Department of State Police, or Office of the Inspector General at 1-800-368-1463.
15. To refuse treatment, including medication, or any specific treatment procedure and a right to be informed of the consequences resulting from any refusal of treatment or of a treatment procedure.
16. To terminate treatment at any time, and you shall not be denied, suspended or terminated from services or have services reduced for exercising any of your rights.
17. Present grievances either verbally or in writing and appeal any decisions up to and including the President of the agency with no reduction or termination of services. The decision of the President shall constitute a final administrative decision and shall be subject to review in accordance with the Administrative Review Code. You have the right to request the opinion of a consultant at your own expense.
18. Active participation in planning for treatment and to have eight counseling sessions without parent or guardian knowledge or consent if you are between the ages of 12 and 18 years of age and seeking Mental Health services. Consent of parent and/or guardian becomes necessary by law after eight sessions, unless you and your therapist determine that disclosure would have a negative impact on your behavioral and emotional health.
19. To discuss any aspect of your treatment with your counselor.
20. To be informed of your rights in a language you understand.
21. To consent for treatment for alcohol and/or drug abuse, venereal disease, and HIV testing if between the ages of 12 and 18 years of age.
22. To understand that an HIV antibody or AIDS test cannot be required as a condition of treatment, and an individual cannot be required to sign an authorization for release of information concerning his or her HIV antibody test or HIV or AIDS status as a condition of treatment. An individual is not required to tell agency staff whether he or she has been tested for HIV antibodies, and/or the results of any such test. An individual who wishes to be tested for HIV antibodies must be informed that he or she may undergo testing on an anonymous basis. Unless disclosure is otherwise authorized by statute and rule, no information governed by the AIDS Confidentiality Act and the AIDS Code shall be released by a licensee, or by any member of its staff to other staff members, including but not limited to the licensee's President, and/or to the licensee's Medical Director, and/or to any other person or entity, unless and until the individual in question has signed a legally effective release of information from in accordance with the statute and rule.
23. Examine and receive an explanation of your bill regardless of the source of payment.
24. Be informed of the agency's rules and regulations concerning individual conduct.
25. Designate a surrogate decision maker if you are incapable of understanding the proposed treatment or are unable to communicate your needs or wishes regarding care.
26. To confidentiality of your records as specified in the 42 CFR Part 2, the Illinois Department of Mental Health and Developmental Disabilities Confidentiality Act, and the Health Insurance Portability and Accountability Act. Information remains confidential unless there is an authorization, or as specified by Illinois statute to fall into one of the below events:

- a) Where child abuse is suspected, a report must be made to the Illinois Department of Children and Family Services.
- b) Where older persons who are suspected of being abused, neglected or financially exploited, but who are unable, due to dysfunction, to report for themselves, a report must be made to the Illinois Department of Aging.
- c) When there is a reasonable expectation that client is in imminent danger of self-harm, of harming others, or of being harmed by others; or when clients are clearly unable to provide for their own health and safety.
- d) When a judge orders disclosure of confidential information from a client's record, either in court or by a bonafide court order to the therapist.
- e) When the client commits or threatens to commit a crime either at the agency or against any person who works for the agency.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

- f) When the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
- g) During the course of an investigation, monitoring, auditing by a government agency.
- h) In the course of working with a state agency or facility, for the provision of facilitating care and treatment related to admission or discharge.

27. Violations of Part 2 can be reported to the US Attorney within your judicial district and may include criminal penalty.

United States Attorney's Office
 Northern District of Illinois, Western Division
 327 S. Church Street, Room 3300
 Rockford, IL 61101
 Phone: (815) 987-4444

One Technology Plaza
 211 Fulton Street, Suite 400
 Peoria, IL 61602
 Phone: (309) 672-7050
 FAX: (309) 671-7259

Individual Rights and Responsibilities

28. You have the right to have NCBHS, Inc. staff assistance in contacting the Department of Mental Health and Developmental Disabilities; the office of Inspector General; the Department of Alcoholism and Drugs Abuse; Guardianship and Advocacy; Equip for Equality; and the Department of Children and Family Services (DCFS). The services at NCBHS, Inc. that are sought will not be denied, reduced, suspended or terminated for exercising this right.
29. Contact the public payer or its designee and be informed (when necessary) of the public payer's process for reviewing grievances.
30. Prohibited practices at NCBHS, Inc. include:
- a) corporal punishment
 - b) seclusion
 - c) chemical or mechanical restraint
 - d) painful, fear eliciting or noxious procedures
 - e) withholding of meals, beverages or legal rights as a consequence of behavior

- f) any activity or procedure which constitutes abuse as defined by Federal or State standards and/or NCBHS, Inc policy.
 - g) Unusual, investigational, and/or experimental medications
30. You may be contacted and asked to participate in an individual satisfaction survey during or following your treatment. You have the right to decline to participate.
31. You should expect that services provided by telehealth platforms are encrypted and secure so that information shared during those sessions is not available to others. Sessions are not recorded or stored on a server. Services provided via telehealth have the same expectations for providers and clients just as services provided in person or on the phone. All rules related to service provision, ethical treatment, and confidentiality apply equally to telehealth services.

Note: Some individuals may have special rights afforded them and/or limitations placed on specific rights. In the event you are affected by any specific consideration of your rights, you will be advised both in writing and verbally at the time of your entry into service.

Individual Responsibilities: You are responsible...

- 1) For providing, to the best of your knowledge and ability, accurate and complete information about present concerns, past illnesses/problems, hospitalizations, medications, and any other matters relating to your health pertinent to the requested treatment.
- 2) For making it known whether you clearly comprehend the contemplated treatment course and what is expected of you.
- 3) To treat NCBHS, Inc. staff with courtesy and respect and that each staff person has a right to his or her own privacy.
- 4) For making and attending your appointment(s) as well as notification of the need to cancel any scheduled appointments as least 24 hours in advance of the appointment to be scheduled.
- 5) To attend appointments appropriately attired, free from alcohol and drugs, and without any weapons of any type.
- 6) For the consequences of your actions if you refuse treatment or do not follow your individual treatment plan recommendations.
- 7) For keeping all scheduled treatment appointments and understanding that failure to keep your scheduled treatment appointments can result in the cancellation of any scheduled Doctor appointments.
- 8) For participating in your treatment and the development of your individualized treatment plan and your goals, objectives, and interventions as well as ongoing review of the progress of your treatment.

Individual Rights and Responsibilities

- 9) For recognizing that your treatment may be terminated for failure to participate in treatment or failure to keep scheduled appointments.

- 10) For being considerate of the rights of other individuals, especially as it refers to the privacy and confidentiality of other individuals.
- 11) For ensuring that financial obligations of your treatment are fulfilled as promptly as possible (this may include compliance with a fail fee policy).
- 12) For following agency rules/regulations and policies affecting individual treatment and conduct.
- 13) To complete all required paperwork (assistance may be provided if appropriate and/or necessary).
- 14) To inform agency staff as soon as possible if your rights have been or are being violated.
- 15) For your minor child's supervision before and after any appointments.
- 16) For following agency rules, regulations and policies affecting individual's use of cell phones, cameras, recording, or any other form of electronic device.

Your questions and concerns are very important to us. Many of your questions and concerns may be addressed by the staff providing your services. However, you may contact the Administrative Offices directly or for more information by calling 1-815-224-1610.

- **Further clarification of "Individual Rights and Responsibilities" are indicated.**

We Welcome you to NCBHS Inc.