

CLIENT RIGHTS AND RESPONSIBILITIES

Welcome to Porter-Starke Services. As a client, it is your right to receive a copy of the Client Rights and Responsibilities.

Our Clients have the right to:

- Have the Client Rights and Responsibilities verbally reviewed with you if needed, and to provide feedback.
- Personal privacy and to be treated with dignity and respect, regardless of race, religion, gender, ethnicity, age, disability, sexual orientation, or any other legally protected class, diagnosis, where you come from, or your source of payment for services.
- Have reasonable accommodations made to access treatment, such as translation services, ADA (disability) accessibility, etc.
- Receive treatment in a safe setting, free of abuse or harassment from staff, including physical, sexual, or emotional harm.
- Have accessible and timely care, including clear information regarding our business hours, how to reach us for scheduling services, and when your upcoming appointments are.
- Have care which is appropriate to your needs, in accordance with standards of professional practice and designed to provide reasonable opportunity to improve your condition. Staff should always be on time, friendly, and respectful.
- Receive services which are: person-centered and family-centered, recovery-oriented care; respectful of your needs, values, and preferences; and involve you and self-direction of services received. Children/youth services are family-centered, youth-guided, and developmentally appropriate. Such care recognizes your particular cultural and other needs.
- Receive confidential treatment that will neither jeopardize your employment, nor interfere with your ability to practice your beliefs.
- Know who is providing treatment to you and how they can try to help you. Request that your preferences be considered when receiving treatment. Have freedom of choice regarding services that Porter-Starke Services provides, including preferences in providers and the right to change providers without having to specify a reason for this request.
- Share in the development and regular updates of your Treatment Plan to accurately reflect your goals, strengths, needs, abilities, and preferences. You have the right to understand your Treatment Plan and any additional options available, including advocacy, community, and prevention services that may aid in your treatment.
- Formulate advance directives and to have our staff comply with these directives where applicable.
- Receive education about your diagnosis, prognosis, health status, and treatment in plain clear language that you understand, including the purpose and effectiveness of treatment and the potential impact of receiving or not receiving services.
- Make informed decisions regarding your care.
- Request explanation for any charges for services and to receive information about financial assistance.
- Know about available treatment choices, regardless of the costs or lack of coverage by your insurance plan. You have the right to have provider decisions about your care made without regards to financial incentives.
- Have information about the clinical guidelines used by Porter-Starke Services, Inc. and your insurance plan in providing and managing your care.
- Receive another opinion, including the right to contact and consult with legal counsel and private practitioners of your choice at your expense.
- Decline to participate in any research projects.
- Access adequate nutrition and medical care, as well as visitors, appropriate for your condition.
- Be free from restraint and seclusion that aren't medically necessary. Only used as a last resort, it is done safely by trained staff.
- Have your protected health information kept private. Only when permitted or required by law may your protected health information be released without permission, such as situations where we believe that you pose a danger to yourself or others and are obligated to inform law enforcement or other protective agencies.
- Refuse services or stop services at any time, unless you have been ordered to treatment by a court of law or otherwise are under guardianship. You may petition the committing court if you are unsatisfied with the terms of your commitment.
- Grant access to your protected health information and records, upon completion of the Release of Information form, for yourself or others. Payment may be required to obtain those copies. Some information may not be released to protect you or other people.
- Make a grievance or file an appeal. To do so: first, inform a staff member or supervisor at Porter-Starke Services to help determine the nature of the issue and potential ways to address the situation. If you are unsatisfied with the response or believe your rights have been violated, you may call the 24-hour toll-free Consumer Services number at the Indiana Division of Mental Health and Addiction at 1-800-901-1133 (402 West Washington Street W353, Indianapolis, IN 46204) or the toll-free number for the Indiana Protection & Advocacy Services (IPAS) at 1-800-622-4845. For substance-related confidentiality issues, call the Office for Civil Rights at 1-312-730-1560. For Medicare-related complaints, call the Quality Improvement Organization responsible for Indiana: Livanta at 1-888-524-9900. You cannot lose your rights by accessing these resources.

Each client has the responsibility to exercise all of the preceding rights in a manner that does not infringe on the rights of other persons. To the degree that a client can independently exercise a right, that client will be held accountable for his or her actions in the exercise of that right. However, staff may set reasonable limits on the timing and manner of the exercise of these rights. For example, a client may be required to follow the established procedure for the filing of a grievance or for access to records.

It is the Client's responsibility to:

- Treat all those involved with your care with dignity and respect, including providers, staff, other clients, and visitors.
- Respect privacy by not telling other people about clients you see in treatment and not repeating what other clients say in group. Remember that others are agreeing to respect your privacy as well.
- Follow rules, agreements, and instructions provided to you. This includes but is not limited to clients and visitors refraining from using tobacco products, alcohol, or illicit substances on our grounds, and not bringing any weapons into our buildings.
- Give providers the accurate information they need. This is so providers can deliver the best possible care.
 - Tell your providers, including your primary care provider, about any medication changes. This includes medications given to you by other providers. Also, tell your provider about vitamins, herbs, or drugs you may be taking that are not prescribed by a medical professional.
 - Inform staff of any change in personal information, such as address, phone number, marital status, insurance, employment, etc.
 - This accurate information includes providing only your own untampered specimens for laboratory/urine testing.
- Actively participate through helping in developing your treatment plan, asking questions, and being engaged in services.
- Take your medications as prescribed. If you have problems or concerns with your medications, tell your provider.
- Understand the medication refill process:
 - If you have only 7 days remaining of medications and you need a refill, please ask your pharmacy to send the medication refill request to Porter-Starke Services.
 - Allow at least 3 business days for the refill to be sent back to the pharmacy.
 - At times, medication refills may require you to come in and see your provider, or may not be granted due to other circumstances. Any questions can be answered by your provider or our nursing staff.
- Keep your appointments. If you cannot keep your appointment, please provide at least 24-hour notice so that others can access care during this time. You may be subject to a cancellation fee of \$25 if you fail to do so. Repeated late cancellations and/or no-shows may result in referral to the no-show clinic.
- Pay your bills on time, and inform us if you are having any trouble affording your care. Financial assistance may be available.
- Understand the rules and expectations of any legal commitment you may be under which may cause you serious consequences if not followed. Consequences may include arrest or hospitalization.
- Openly report any concerns about the quality of care you are receiving to your provider or their supervisor, including reporting any abuse or fraud.

Specific to the Inpatient Care Center

Your dignity, self-respect, and individuality are extremely important to the staff and administration at Porter-Starke Services, Inc. As a client entering into inpatient care, generally, you lose none of your legal rights, benefits, or privileges as a recipient of mental health services. You have all the rights listed above, along with the rights that are stated below.

Our Inpatient Clients also have the right to:

- Have individual storage space in the facility. All lawful property will be returned to you upon discharge.
- Receive, possess, and use personal property, unless determined harmful to you or others.
- Privately communicate with other people inside and outside the facility without obstruction or censorship by staff except where such communication is deemed dangerous or contraindicated by the treatment plan.
- Send and receive mail unopened, including absentee ballots if exercising the right to vote while in treatment.
- Have your personal family doctor, and/or a family member or representative informed of your admission, with your consent.
- Have a reasonable level of personal privacy, unless your clinical condition makes this unsafe.
- Handle your financial affairs unless there is a legal or clinical justification that explains why you are unwilling or unable to responsibly handle your finances.

Any of these rights may be restricted if clinically necessary, but only as part of a written plan of treatment.

By initialing the Consent for Treatment & Financial Agreement form and/or Income Summary form, you are attesting that you have been informed of your rights and responsibilities, and that you understand this information. You are also attesting that you have been offered a copy of your rights and responsibilities.

24-Hour Crisis Line: (219) 476-4523 | www.porterstarke.org