

Maple Street Clinic  
109 E. Maple  
Gillespie, IL 62033  
217-839-1526 – Medical/Behavioral  
217-839-4110 – Dental



Morgan Street Clinic  
1115 Morgan Street  
Carlinville, IL 62626  
217-854-3692 – Medical/Behavioral  
217-854-6823 – Dental

## **CLIENT RIGHTS & RESPONSIBILITIES FORM**

Your rights will be protected in accordance with Chapter 2 of the Illinois Mental Health & Developmental Disabilities Code and your right to confidentiality is governed by the Confidentiality Act and Health Insurance Portability and Accountability Act of 1996. Your rights include:

1. The right to be provided with adequate and humane care in the least restrictive environment.
2. The right to be free from abuse, neglect, and exploitation.
3. The right to have services provided to you following the development of an individual treatment/service plan.
4. The right to have your treatment plan reviewed periodically, but at least once every six months.
5. The right to participate in the development and review of your treatment plan, when appropriate.
6. The right to be notified in writing of the side effects of medication if your treatment plan includes the administration of psycho tropic medication(s).
7. The right to refuse services, including medication, and to be informed of any consequences related to service delivery should you refuse medication.
8. The right to be free from physical restraint/seclusion, unless such restraint/seclusion is being used as a therapeutic measure to prevent you from causing physical harm to yourself or others.
9. The right to contact the Guardianship and Advocacy Commission, Equip for Equality, and/or DCFS and DMHDD. You have the right to be offered staff assistance in contacting these organizations.
10. The right to present grievances or appeal adverse decisions related to your services. You have the right to take such grievances to the highest possible level in the agency, including the executive director. The Director's decision is final. Grievances presented to the provider will be reviewed by the therapist, supervisor, and the agency director. A copy of the written response to the grievance will be maintained in the client record as well as presented to the client (or client's guardian). The client has a right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances.
11. You are entitled to have your rights explained to you using a language or method of communication you understand upon commencement of services.
12. Services will not be denied, reduced, suspended, or terminated for exercising any of your rights, unless clinically indicated and agreed upon by a separate treatment contract (e.g., Recovery Center Treatment Program).
13. You cannot be denied mental health services because of age, race, sex, religious beliefs, ethnic origin, marital status, social creed, physical or mental disability or criminal record that is unrelated to present dangerousness.
14. You have the right to have disabilities accommodated as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act (775 ILCS 5).

15. If there is any restriction in your rights it will be documented in your client record and contain a plan with measurable objectives for restoring any rights. Such a plan will be signed by the client affected, his/her parent/guardian, the QMHP and LPHA as applicable, and any agency designated by the client shall be notified of the restriction and given a copy of the plan to remove restrictions of rights.

**Additional Rights:***Civil Rights:*

1. You have the right to be treated with dignity and respect and to be free from abuse and neglect.
2. You retain all rights, benefits, and privileges guaranteed by law.

*Access:*

1. Service will be provided with a minimum of waiting time. Office hours will be reasonably convenient to all consumers requesting services. Efforts will be made to minimize impact of treatment on work time and other legitimate needs.

*Confidentiality:*

1. All records involving you, and communications to others about you, are confidential and may not be disclosed except under provisions of the DMHDD Confidentiality Act.
2. The following people may, on request, inspect a copy of a client's record to review with provider:
  - a. The client, if 12 years of age or older.
  - b. The parent (or legal guardian) of a client who is under 12 years old.
  - c. The parent (or legal guardian) of a client who is at least 12 but not yet 18, IF the client is informed and does not object or if the therapist does not deny access to the record.
  - d. The guardian of a client who is 18 or older.
  - e. The attorney or guardian ad litem representing a minor client, if approved by the court or administrative hearing officer.
3. For any information, including whether or not someone is a client at Maple Street Clinic/Morgan Street Clinic/Macoupin County Public Health Clinic Site to be released to someone other than those listed above requires a written release of information from the applicable party listed above.
4. Records or communications may be disclosed without prior consent to:
  - a. The therapist's supervisor or consulting therapist, treatment team staff members, a records clerk, or person acting under the supervision and control of the therapist.
  - b. A person conducting peer review of the services provided, such as utilizations review.
  - c. An attorney or advocate consulted by the therapist or agency which provides information concerning the therapist's or agency's legal rights and duties in relationship to the client.
5. All staff at Maple Street Clinic/Morgan Street Clinic/Macoupin County Public Health Clinic Site are mandated reporters of child abuse and neglect. Illinois state law requires suspicion of child abuse or neglect to be reported to the DCFS child abuse hotline, and this mandate supersedes confidentiality.

6. Therapists have a legal and ethical obligation to protect and prevent harm. If there is a reason to believe a client is placing him/herself or others at substantial risk of harm, the therapist may take steps necessary to prevent the anticipated harm. This may include, for example, seeking police or crisis unit assistance to intervene when a client is suicidal or homicidal. In all such circumstances, therapists will discuss the need with the client unless clinically contradicted or emergency condition preclude such discussion.
7. Any release of information previously signed may be voided by stating so in writing. Such action will prevent further release of information but cannot undo any exchange which has already taken place.
8. Records may be subpoenaed by a court of law. Therapists may be ordered to testify about a client in a court of law.
9. Any restriction of mandated DMHDD client rights, including confidentiality, will be justified and documented in the client record. The client, his/her parent or guardian, and any agency designated by the client pursuant to section 132.20c(2) or Part 132 (i.e., DCFS, Guardianship and Advocacy Commission, etc.) are to be notified of any applicable client rights restriction, including confidentiality restrictions.
10. Justification for any restriction of a client's rights under statutes cited in subsections 132.142a) or 132.142b) shall be documented in the client's clinical record. The agency (or his/her parent/guardian or agency designated by the client pursuant to subsection 132.142d)2) shall be notified of the restriction.

***Treatment:***

1. You have a right to an individual treatment plan and will be expected to participate in the development of this plan.
2. You have the right to know the name and professional credentials of anyone working with you.
3. You may request to participate in any staffing regarding yourself.
4. You (age 12 or older) may review your clinical records to review with provider upon written request to this office.
5. You have the right of informed consent regarding all services provided by this office. This includes the right to know the cost of treatment, the nature of treatment, possible alternative treatments, and potential risks and benefits of treatment.
6. You have the right to refuse to participate in, or be interviewed for, research purposes.
7. You have the right to terminate services at any time, unless mandated to treatment by legal or guardian authorities.

***Grievance Procedure:***

1. If you feel your services have not been provided fairly or reasonably, you may present your concerns in writing to the Agency Director at 109 E. Maple Street, Gillespie, IL, 62033.
2. You have the right to legal recourse; you have a right to confer with your family, attorney, physician, clergy, or others.

*Evaluation:*

1. As part of our goal of providing professional and quality services, you will be given the opportunity to evaluate all aspects of your services and the personnel with whom you were involved.

**Mutual Responsibilities of Agency and Consumer Service:**

1. Deciding on a plan for service.
2. Determining the frequency and duration of consumer involvement.
3. Involving family members and significant others in services.
4. Cooperating to achieve the goals of the treatment plan.

Guardianship and Advocacy Commission (GAC) Equip for Equality:

421 E. Capital Street  
Springfield, IL 62701

527 S. Wells, Suite 300  
Chicago, IL 60607

427 Monroe Street  
Springfield, IL

Department of Mental Health and Developmental Disabilities:

401 S. Spring Street  
Springfield, IL 62765  
(217) 782-6154  
(800) 843-6154

100 W. Randolph Street, Suite 6-400  
Chicago, IL 60601  
(312) 814-3785