



## Statement of Client Rights

**As a person served at Heritage Behavioral Health Center, you have the right:**

- ❖ To receive treatment regardless of your age, gender, race, color, marital status, religious beliefs, ethnic origin, national origin, creed, sexual orientation, gender identity, HIV status, mental or physical disability, or criminal record.
- ❖ To access services, free of discrimination, as specified in the Americans With Disabilities Act, Section 504 of the Rehabilitation Act, and the Human Rights Act [775 ILCS 5].
- ❖ To be free from abuse, neglect, retaliation, humiliation, and financial or other exploitation.
- ❖ To be provided treatment in the least restrictive setting.
- ❖ To have access to timely information to facilitate your decision-making.
- ❖ To participate in your treatment including informed consent or refusal or expression of choice regarding:
  - Service delivery
  - Release of information
  - Concurrent services
  - Composition of the service delivery team
  - Involvement in research projects
- ❖ To not be denied, suspended or terminated from services or have services reduced for exercising any rights.
- ❖ To give or withhold informed consent regarding treatment and confidential information.
- ❖ To refuse treatment or any specific treatment procedure and the right to be informed of the consequences resulting from such refusal.
- ❖ To contact the following agencies, as listed in the Client Rights Handbook, at any time: IL Guardianship and Advocacy Commission (1-866-274-8023), Equip for Equality, Inc. (1-800-758-0464), IL Dept. of Healthcare and Family Services (800-226-0768), Divisions of Mental Health (800-843-6154) and/or Division of Substance Use Prevention and Recovery (312-814-3840), the East Central Illinois Area on Aging (1-800-888-4456), the Statewide Coordinator of Deaf and Hard of Hearing Services (217-786-0023), and/or the Illinois Mental Health Collaborative (public payor) (1-866-359-7953).
- ❖ To access self-help and advocacy support services.
- ❖ To present grievances and/or appeal agency decisions or policies as outlined in the Client Rights Handbook.
- ❖ To have a plan for restoring any restrictions of rights or privileges as outlined in the Client Rights Handbook.
- ❖ To investigation and resolution of alleged infringement of rights as outlined in the Client Rights Handbook.
- ❖ To access or referral to legal entities for appropriate representation.
- ❖ To have your rights explained to you in a language and method of communication in which you understand.
- ❖ To confidentiality regarding your HIV status and testing.

**Your confidentiality and rights shall be protected in accordance with:**

- ❖ Chapter 2 of the Mental Health & Developmental Disabilities Code [405 ILCS 5],
- ❖ The Mental Health & Developmental Disabilities Confidentiality Act [740 ILCS 110].
- ❖ The Confidentiality of Alcohol and Drug Abuse Patient Records [42 CFR 2 (2017)].
- ❖ The Alcoholism & Other Drug Abuse & Dependency Act [20 ILCS 301/Art. 30].
- ❖ The Department of Children and Family Services, Part 431 Confidentiality of Personal Information of Persons Served.
- ❖ The Confidentiality Act and the Health Insurance Portability & Accountability Act (HIPAA).
- ❖ The Health Information Technology for Economic and Clinical Health Act (HITECH).
- ❖ The AIDS Confidentiality Act [410 ILCS 305], and the AIDS Confidentiality & Testing Code [77 IL Adm Code 697].

**We may disclose confidential information without your consent in accordance to federal and state regulations. Following are some of the more common exceptions:**

- ❖ If given informed consent
- ❖ If the court orders the record
- ❖ In medical emergencies
- ❖ If there is danger of harm to self or someone else
- ❖ Suspicion of child and/or elder abuse/neglect
- ❖ Investigations involving abuse and neglect