



***Client Rights, Rules,
& Responsibilities
Handbook***

An Orientation to Services

Revised August 2021

Welcome To

Heritage Behavioral Health Center (Heritage)

We welcome the opportunity to provide you with high quality, affordable, behavioral health services. This booklet clearly outlines your rights as a client, your responsibilities while receiving treatment services and the rules of conduct expected of those receiving treatment services at Heritage. Our treatment philosophy includes a Recovery Model that incorporates: Hope, Self-Direction, Individualized & Person Centered, Empowerment, Holistic, Non-Linear, Strengths-Based, Peer Support, Respect, Responsibility, and Resilience. We hope you find our services beneficial. If you have any questions, please feel free to ask any staff and they will be glad to assist you.

“Recovery refers to the process in which persons are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.”

--The President’s New Freedom Commission on
Mental Health

Administrative
Office & Central
Program Site:

Heritage Behavioral
Health Center

151 N. Main St.
Decatur, IL 62523

(SW Corner Main &
Prairie Streets)

Phone: (217) 362-6262

Fax: (217) 362-6290

Website:

www.Heritagenet.org

24hr. Crisis Line:

(217) 362-6262

Scheduling and Cancelling Appointments:

Call (217) 362-6262 to schedule an appointment. Please call 24 hours in advance to cancel appointments. We will reschedule your appointment and be able to offer your cancellation to someone else in need. We understand there is not always adequate notice of an event (such as illness) to cancel 24 hours in advance, and appreciate as much notice as possible in these circumstances.

Crisis Services:

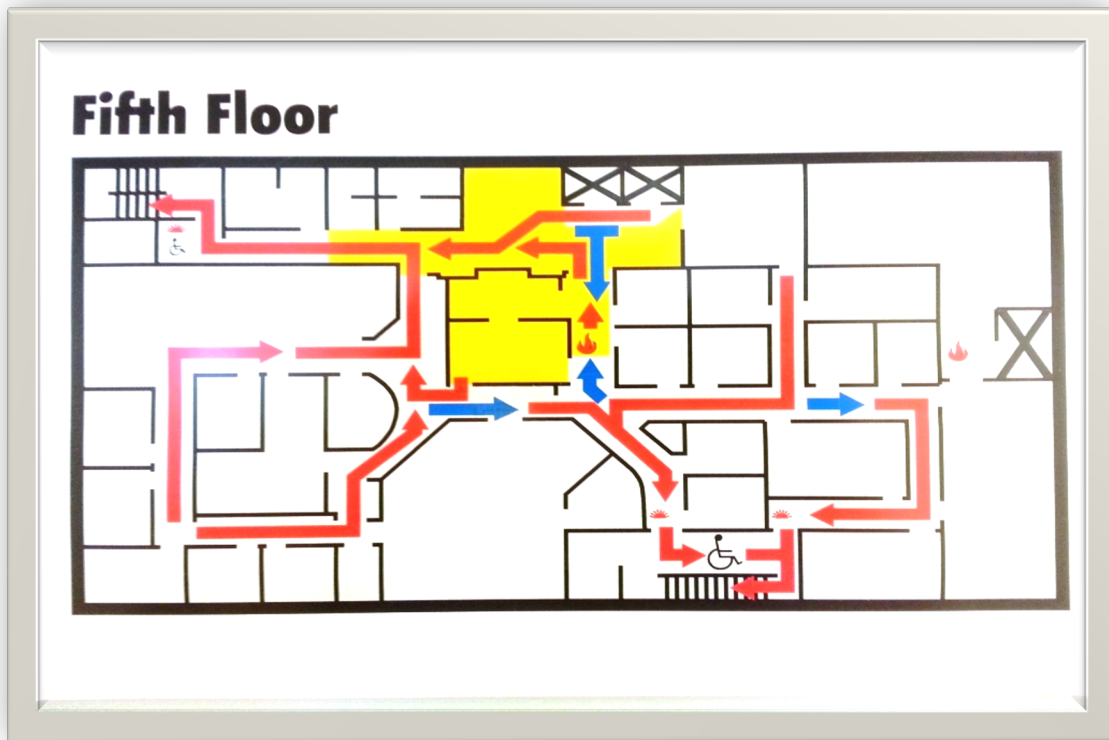
In the event of an after hours mental health or substance use crisis, call our 24-hour facility at (217) 362-6262. Heritage is staffed by trained personnel who will assist you.

Injuries & Illness:

If you are injured on Heritage property, you must notify staff immediately, no matter how minor you feel the injury may be. Heritage is not liable for injuries that occur during activities held off-site in the community.

We strive to maintain a healthy environment for our clients and staff so that work can be done effectively and efficiently. If you are ill, please reschedule your appointment and stay home. Colds, flu and other illness that are contagious could potentially affect the health of other people you come in contact with.

First Aid Kits are kept on each floor. You may ask the receptionist or any staff for assistance if needed. Kits are also kept at each of our off-site locations.



Look for Emergency Evacuation Diagrams posted in the reception area on each floor.

Emergency Evacuation Information:

In case of an emergency evacuation, fire or tornado: Remain calm, remain quiet and listen for staff instructions. If you need help, identify a staff member and ask for assistance. Emergency evacuation routes and building “safe areas” are posted on each floor by the elevators. These maps also indicate the location of fire extinguishers (see diagram above).

Do not use the elevator in case of an emergency! Staff will direct you where to go in case of a fire or tornado. If you cannot use the stairs, alert a staff member who will direct you to a safe area. Staff will then notify emergency personnel of your location.

Emergency evacuation maps are posted at each off-site facility. Orientation to Emergency Evacuation Procedures is provided at each separate off-site facility.

Should the fire alarm go off staff will escort you to the closest exit. If a tornado or severe weather warning is issued, staff will escort you to the designated area. Please follow their directions. Do not use the elevator in these situations.

Weapon Free Environment:

Heritage prohibits weapons of any kind in or around any of its facilities. This includes guns, knives, tire irons, or similar items, in addition to mace. This prohibition also includes individuals who have a valid conceal carry permit. All facilities have posted the Illinois No Concealed Carry Gun stickers on all doors entering the facilities. Heritage reserves the right to search you, or anyone accompanying you, entering and/or leaving its facilities if it is suspected weapons may be on the premises. Any individual discovered with weapon(s) in their possession will be asked to surrender the weapon (concealed or in plain view). The Chief Officer or designee is responsible for securing the weapon(s). Weapon(s) will be returned to the individual upon leaving the building. If the individual refuses to surrender the weapon(s), they will be asked to leave the facility. If refused, the police department will be notified.

Smoke-Free Environment:

Heritage prohibits smoking or use of other tobacco products, and illicit drugs inside any of our facilities. No smoking signs are posted on the entrance doors. Smoking outside must be in designated areas that are not within 15 feet of our entryways or under an awning. If you smoke outside, please dispose of your tobacco products in receptacles provided in the designated areas. If you are caught smoking in the building or in a non-designated area outside, Heritage staff will ask you to leave the facility or property.

Drug-Free Environment:

Heritage prohibits illicit drugs of any kind in or around any of our facilities. Any person discovered with illicit drugs in their possession shall have the drug(s) confiscated by a Heritage leader. The leader will either dispose of the confiscated drug(s) or turn it over to the police department. No confidential information will be exchanged at this time. If the person refuses to turn over the drug(s), they will be administratively discharged and/or escorted out of the facility.

Treatment Philosophy. Heritage, a behavioral health care facility, is dedicated to delivering the highest quality client service. Heritage believes that high-quality, efficient and cost effective treatment is best provided within the least intrusive/restrictive setting and by using clinical interventions most appropriate to the individual's condition. We are committed to providing recovery oriented services with the belief that you are the key person in directing your care and recovery. The Substance Abuse and Mental Health Services Administration of the United States defines recovery as: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. At Heritage, recovery includes mental health, substance use and physical health concerns. We view recovery as holistic, or "whole life": The mind, body, spirit and community including self-care, faith, family, housing, employment, education, primary health care, behavioral health care, dental & vision care, services and supports, creativity, social networks and community participation. Recovery is possible when we treat the whole person.

What You Can Expect From Staff. Heritage staff will listen to your concerns and treat you with respect. They will help answer your questions about your treatment and Heritage's services. We will inform you of your financial responsibility at assessment, twice a year, and whenever there is a change.

Client Input. Heritage appreciates your input on how we can improve our services. While you are a client at Heritage, you may be asked to participate in customer satisfaction surveys. You may also give input about our services to the primary staff responsible for your treatment or any other staff.

Recovery Model

Recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of their choice while striving to achieve their full potential.

HOPE – Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

SELF-DIRECTION – Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines their own life goals and designs a unique path towards those goals.

INDIVIDUALIZED & PERSON-CENTERED – There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as their needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

EMPOWERMENT – Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of their own destiny and influences the organizational and societal structures in their life.

HOLISTIC – Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services (such as recreational services,

libraries, museums, etc.), substance use treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

NON-LINEAR – Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

STRENGTHS-BASED – Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

PEER SUPPORT – Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

RESPECT – Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

RESPONSIBILITY – Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

RESILIENCE – Refers to the ability to harness inner strengths and rebound from setbacks or challenges. People who are less resilient may dwell on problems, feel

victimized, become overwhelmed and turn to unhealthy coping mechanisms. Resilience allows individuals to go on with life with a sense of mastery, competence and hope. If you aren't as resilient as you'd like, you can teach yourself to become more resilient.

Treatment Process

When you seek treatment at Heritage you will meet with a therapist to complete a Biopsychosocial Assessment. Heritage will then provide services based on your needs and preferences. You have choices in your treatment. You may decide to involve your family or others in your care. You have opportunities to participate in a wide variety of services oriented toward minimizing the impairments of your mental illness, substance use, and/or emotional disturbance and optimize your recovery efforts.

With your input, the treatment plan outlines the course of your treatment. It will identify the problems you want to work on, your goals and the steps to reach your goal. It also identifies the specific services you will receive, the frequency and duration of these services and the staff responsible. Periodically, and as your needs change, staff will review your treatment plan with you to assess your progress. Changes will be made to your treatment plan based on a continued assessment of your needs and progress toward achieving your goals. Your treatment plan includes which staff(s) is/are responsible for your treatment. You will be informed of any benefits and/or risks of your treatment including side effects of medication. If there are any potential risks, staff will discuss these with you as well as alternative treatment. Once you have completed treatment, your therapist or case manager will meet with you to review your course of treatment and discuss any further recommendations or referrals.

If you are no longer engaged with treatment (for example, not keeping appointments or responding to follow-up efforts), you may be discharged from Heritage. However, you may contact us to determine if your case is eligible to be re-opened.

If you are mandated for treatment by an agency (for example, court services) you still have the right to decide if you want to engage. Heritage will report to the referring agency your attendance and progress..

Mental Health Treatment Services

Case Management Mental Health services include assessment, planning, coordination and advocacy. The goal of this program is to support our clients' living in the least restrictive environment by providing support services as needed. These services include assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and

other community services in the community. Activities may include identifying and investigating available resources, explaining options to you and linking you with those necessary resources.

Case Management Transition, Linkage and Aftercare includes services provided to assist in an effective transition in living arrangement consistent with your welfare and development. This is especially helpful when you are moving from a hospital or nursing home into the community.

Community Support includes those services necessary to assist you in achieving and maintaining your recovery goals. It can help you put skills you have learned into practice so you can live, work, learn and participate fully in your own community. It also helps you identify and use natural supports, and how to use community resources.

Therapy/Counseling involves treatment to help you make changes in your feelings, thoughts, or behaviors. Positive changes in these areas can improve your recovery.

Crisis Intervention Services includes 24-hour services to assist you with a mental health crisis. The ultimate goal is to help you return to a pre-crisis level of functioning. If this is not possible, we will help link you to the appropriate level of care. We will always consider the least restrictive setting possible.

Substance Use Treatment Services

Individuals receiving substance use services will be placed in a level of care determined by the criteria set forth by the American Society of Addiction Medicine, The ASAM Criteria. An assessment will be conducted for patient placement. It is the ASAM criteria that determines the level of care recommended as

well as when a client meets criteria for a change in the level of care provided. Heritage provides the following levels of care:

Level 0.5 Early Intervention is an outpatient based individual and/or group service designed to screen, identify, and address risk factors related to substance use and to assist individuals in recognizing harmful consequences related to substance use.

Level 1 treatment is outpatient based individual and/or group services requiring a minimum of 1 hour of treatment a week up to a maximum of 8 hours per week.

Level 2 treatment is a regimen of care requiring a minimum of 9 hours of treatment per week and a maximum of 24 hours per week.

Level 3.5 care is residential based care (24 hour placement) requiring a minimum of 25 hours of substance use treatment per week.

Detoxification/Withdrawal Management services are provided to help ensure that clients are safely withdraw from addictive substances. The length of time a person will remain in this level of care will be a medical decision made by agency medical personnel. A person's level of care will be determined, in part, by how well they progress and by the level of effort being made while in treatment.

Medication Assisted Treatment services are provided to clients 18 years of age and older who are addicted to opiates. The program assists clients in achieving recovery

from opioid use, increase personal independence, restore functioning and maximize integration into the community.

Additional Heritage Services

Psychiatric Resource Services. If your therapist/case manager believes you could benefit from psychotropic medication, coordination with your primary care physician and/or a psychiatric resource will occur. You are encouraged to be open with your doctor and express any concerns. You will be educated about any psychotropic medications you are prescribed so you understand the benefits, learn to take your medication properly, and to learn any potential risks or side effects of the medication.

Primary Care Integration. With your written permission, Heritage will coordinate your care with your primary care physician. It is important for us to understand any medical conditions you may have and how it may impact your symptoms or care. It is equally important for your primary care physician to know that you are being treated for a mental illness or addiction. In cooperation with Crossing Healthcare, we offer primary care on site at Heritage. **Transition and Discharge Services.** Transition and discharge planning occurs in order to assist you in obtaining services that are needed but may not be available at Heritage or when you are transitioning from one level of care to another within Heritage. This transition process is intended to be planned with your active participation and begins at your first treatment planning session. The transition/discharge plan is based on your individual needs in order to support your ongoing recovery, treatment gains, or increased community involvement. The transition/discharge planning is a continuous process that is reviewed and revised as needed at each treatment plan session. When you are ready for discharge from our services, staff will complete a discharge summary prior to, or at time of discharge. You will be given copies of your treatment plans and may request a copy of the discharge summary.

All treatment services must consider your cultural and family value system.

Each individual and family system has its own unique values and perceptions of the presenting problem or stressful situation. These values must be respected when determining the most appropriate level of care and modalities or clinical interventions.

Peer Support Services

Peer Support Services is defined as “a non-clinical-evidence-based approach to treatment that is recovery focused. This is provided through the services of a peer-led team of staff who have lived-experience with mental health challenges, mental illness diagnosis, or substance use”.

Heritage’s Wellness Recovery Center. This center is a consumer run program operated based on the principles of recovery. The Recovery Center is operated by individuals who currently have, or have previously experienced, mental health challenges who are tasked with operating a program that maintains an environment of support, socialization, self-direction, and empowerment. The main purpose or goal of the program is to empower consumers of mental health services, as well as those persons with mental health challenges who have not been able or willing to engage in mental health treatment services, to become empowered to take responsibility for their recovery, develop natural supports, develop greater independence, and become more fully engaged members of the community. The Recovery Center offers self-help groups, social activities, excursions to community events, assistance with developing your own Wellness Recovery Action Plan (WRAP®), and advocacy. The program targets Macon County adults age 18 and older who currently receive mental health services and those residing in Institutes for Mental Disease. You can call the Wellness Recovery Center at 876-0458 for more information.

Illinois Department of Human Services/Division of Mental Health’s Warm Line. The Warm Line is staffed with trained individuals who have experienced mental health and substance use recovery in their own lives. They can help answer your questions and provide recovery education, emotional support, and self-advocacy support. It is not a crisis line. The Warm Line is 1-(866)359-7953.

Advanced Directives

What are Advance Directives? Two main types of Advance Directives are used for mental healthcare:

Power of Attorney for Health Care is a written document where you name a person to whom you give the right to make decisions about your health care and personal care on your behalf if you become unable to make decisions for yourself. You cannot ask your doctor or a Heritage staff to be this person. Usually it will be a family member or friend. You will identify what type of decisions they can make about your medical or mental health treatment that you would normally have a right to make. The Power of Attorney for Health Care can be changed or discontinued at any time regardless of your mental or physical condition. You can do this by putting your request in writing, by destroying the document or verbally (as long as you have a witness over the age of 18 who signs and dates a document confirming your decision to change or cancel the Power of Attorney).

Mental Health Treatment Preference Declaration (Declaration) is a legal document that allows you to appoint someone to make decisions about your mental health treatment for you. It helps to make sure your wishes are followed by your doctors or mental health providers. This document is useful for individuals with a type of mental illness that makes it likely, due to their illness; they may become unable to make decisions in the future. The Declaration allows you to decide about the use of psychotropic medications, admission to a mental health facility or electroconvulsive treatment. You should carefully consider this decision and you may want to consult with an attorney before signing a Declaration. You cannot be forced to sign a Declaration. You must sign the Declaration in front of two who will sign as witnesses indicating that they know you, you appear to be of sound mind at the time you sign the Declaration, and that no one forced or improperly persuaded you to sign the form. The witnesses cannot be related to you by blood, marriage or adoption. Heritage doctors or staff cannot be a witness. The Declaration will go into effect only after two physicians or a judge determines that you are no longer mentally capable of making these decisions. It can only be revoked if two physicians determine you are now capable of making your treatment decisions.

You may contact Equip for Equality (contact information is listed later in this document) if you have questions or want more information. Heritage has Fact Sheets that we can give you, just ask your clinician.

Confidentiality & Client Rights

Confidentiality. Successful counseling depends on the feeling of freedom to express thoughts, feelings, and emotions. To facilitate this, Heritage Behavioral Health Center maintains strict confidentiality in regard to the identity of individuals receiving services and information learned through their relationship with us. Our agency is mandated to follow all state and federal regulations governing the confidentiality of client information. Heritage maintains patient information whether in the client record or computer system at the strictest security level possible. Heritage's Privacy Notice is attached at the back of this document; you may also get a copy of this notice at any reception desk.

Client Rights. Your information written, verbal or computerized is confidential according to the rules and regulations of State and Federal Laws, and as specified in Section 2060.319, and in 740 ILCS 110/5 (b)(4), the Mental Health and Developmental Disability Confidentiality Act, Ch. 91 1/2, Sec. 803 et. seq. and the Health Insurance Portability & Accountability Act (HIPAA). You have the right to give or withhold informed consent regarding treatment and confidential information; however in some cases staff is mandated to disclose information without your permission. The confidentiality of HIV/AIDS status and testing and anonymous testing is protected as specified in Section 2060.321. You have the following rights under Illinois and federal law:

Copy of Record. Upon request, the following persons may inspect and receive a copy your records:

- You if you are 12 years or older.
- Your parent or guardian, if you are under 12 years old.
- Parents or guardians of youth age 12 to 18 if the youth is informed and does not object and the therapist does not find compelling reasons for denying

access. If the parent or guardian is denied access, they may seek a court order granting access.

- Parents/guardians of youth age 12 to 18 may always request and receive the following information: current mental condition, diagnosis, treatment needs, services provided and services needed including medication.

You may ask your therapist or case manager to review or obtain a copy of your record. They will offer to assist you in reviewing your record. Heritage will keep your records up to 10 years past your last date of services, or 10 years past age of majority. We may charge you a reasonable fee for copying and mailing your record. If you are indigent, copies will be provided at no cost. Please contact our Privacy Contact if you have questions about access to your medical record.

Release of Records. You may consent in writing to release your records to others, for any purpose you choose. This could include your primary care provider, attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Accounting for Disclosures. You may request an accounting of any disclosures we have made related to your medical information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than ten years, please submit your request in writing to our Privacy Contact person. We will notify you of the cost involved in preparing this list.

Restriction on Record. You may ask us not to use or disclose part of the medical information. This request must be in writing. The agency is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the Privacy Contact person.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Amending of your Patient Health Information. If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact Medical Records. Any written request regarding a record dispute will be attached to your record.

Questions and Complaints. If you have any questions, or wish a copy of this Privacy Policy or have any complaints you may contact our Privacy Contact in writing at our office for further information. You also may complain to the Secretary of Health and Human Services if you believe our Agency has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy. Heritage reserves the right to change its Privacy Policy based on the needs of the Agency and changes in state and federal law.

Your information can be reviewed by Heritage staff for the purposes of treatment, billing, and maintenance of records, unless otherwise specified by confidentiality laws (i.e. some HIV/AIDS information). Heritage staff receive extensive training on confidentiality and the policy to maintain your information in a confidential manner is strictly enforced.

Auditors from the State of Illinois and their contractors are allowed to examine client files upon request, for the purpose of verifying treatment provided to clients served under government funded programs.

You may review, refuse or approve any information being released to anyone outside the agency except as otherwise provided by law or third party payer.

You may revoke a previously signed release of information at any time in writing. Ask for the “Revoke Consent to Release Information” form. After the form is signed, Heritage will no longer disclose your information to that individual or agency. Heritage will not release information unless a court order signed by a judge is received by the Privacy Contact.

You may request to review your records with your primary care staff person. The staff will review the record with you, explain any necessary information and answer any question you might have. After this process, the staff may copy any information that you and staff have chosen to release. In most cases, there will be a charge of

\$.25 per page for any copies made. You are responsible for the confidentiality of any information you take from Heritage.

Violations of the confidentiality laws by Heritage or any other entity may be reported to the appropriate authorities in accordance with federal regulations (see contact information below.) Heritage staff are mandated to report suspicions of abuse and neglect to the appropriate authorities. Federal law and regulations regarding confidentiality do not protect a client from being reported for suspected abuse or neglect, or from Heritage providing information about a crime committed by a client, whether the crime and/or abuse and/or neglect is committed on Heritage property or elsewhere.

(See 43 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations).

As a person served at Heritage 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 [42 USC 12101], 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.

You have the right to contact the
following agencies for assistance if you
believe your rights have been violated,
have complaints, or for advocacy:

Guardianship & Advocacy:	State Agencies:
Guardianship & Advocacy Commission Eastern Central Regional Office 2125 S. 1 st St. Champaign, IL 61820 (217) 278-5577; (866) 274-8023	Illinois Department of Human Services Division of Mental Health 319 East Madison Ave., Suite 3B Springfield, IL 62701 800-843-6154
Equip for Equality 235 S. Fifth St. Springfield, IL 62705 (217) 544-0464; (800) 758-0464 TTY (800) 610-2779	Illinois Mental Health Collaborative P.O. Box 06559 Chicago, IL 60606 (866) 359-7953 TTY (866) 880-4459
Illinois Department of Human Services Division of Mental Health Statewide Coordinator of Deaf & Hard of Hearing Services 901 Southwind Road Springfield, IL 62703 Voice (217) 786-0023; Fax (217) 786-0024 Video Phone (217) 303-5807	Illinois Department of Human Services Division of Substance Use Prevention and Recovery 401 S. Clinton Street, 2 nd Floor Chicago, IL 60607 (312) 814-3840
Illinois Department of Healthcare and Family Services 201 South Grant Avenue, East Springfield, Illinois 62763 800-226-0768	Illinois Department of Human Services Office of the Inspector General OIG 24 Hour Hotline: (800) 368-1463
	Illinois Department of Children & Family Services 2900 N. Oakland Ave. Decatur, IL 62526 (217) 875-6750
	East Central Illinois Area Agency on Aging 1003 Maple Hill Road Bloomington, IL 61704-9327 1-800-888-4456 (309) 829-2065

As a client of Heritage, you have the following responsibilities:

To know and abide by all the responsibilities and rules outlined in this handbook.

- To know your rights as a client of this agency and be considerate and respectful of the rights of both fellow clients and staff.
- To use the grievance procedure if you feel your rights are being violated.
- To report allegations of fraud, waste, abuse and other wrongdoing
- To honor the confidentiality and privacy of others.
- To know the names of the staff working with you.
- To be honest about matters which relate to your care and treatment.
- To participate as best you can according to your treatment plan and follow the recommendations offered by staff.
- To keep appointments and cancel appointments if you cannot keep them.
- To report changes in your condition to those responsible for your care and welfare.
- To be sober while you are in treatment and at the agency. Agency staff is required to notify legal authorities if anyone leaves the facility under the influence of alcohol or drugs and operates a motor vehicle.
- To follow Heritage guidelines on medications. If you need to bring a prescription medication into the facility, it must be in the original prescription bottle labeled with the original prescription information. Outpatient clients must keep medications safely stored on their person while receiving services or participating in activities.
- To respect the property of this organization, other clients, and Heritage staff. Items damaged while receiving service or borrowed and not returned will be billed to you.
- To be responsible for your personal property while receiving services. Heritage is not responsible for lost or stolen property.
- To refrain from any form of physical or verbal abuse or threat toward staff or other clients. Violation of this responsibility may be cause for immediate discharge from treatment and grounds for legal intervention if appropriate.
- To inform staff of any changes in your financial situation or insurance coverage.
- If no longer interested in treatment, you agree to notify Heritage staff.
- To ask questions any time you do not understand something.

Note: Rules that are broken or disregarded will be addressed by the nature and severity of the offense. A minor offense may result in a simple reminder or discussion, whereas a serious offense can result in legal intervention, change in treatment plan or discharge from treatment. Rules should be followed at all Heritage properties and at any Heritage sponsored activities.

Rules for Persons Served—All Levels of Care:

Please DO...

- Check in at the reception area on the floor where you will be receiving service.
- Be on time and prepared for appointments, groups and activities.
- Remove headphones and any other listening devices when entering the building.
- Keep your cell phone on silent and/or vibrate, and refrain from taking or making calls where your conversation will be disruptive to others.
- Ask staff if you need to use a phone and they will assist you.
- Remember that parents are responsible for minor children and their behavior.
- Enjoy food and beverages in designated areas only.
- Stay at home when you are physically ill.
- Tell staff if you have been abused or neglected by anyone.
- Use responsible behavior and language throughout the facility. Profanity, racial, sexual or discriminatory comments, and/or verbal abuse toward anyone will not be tolerated.
- Tell staff if you feel like harming yourself or someone else.

Please DO NOT...

- Tamper with fire alarms or any other safety equipment.
- Use any verbal or physical threats or violence against any Heritage staff or other clients.
- Destroy property of Heritage or other clients.
- Use intimidation against staff or other clients.
- Carry or conceal any weapons.
- Distribute or sell drugs.
- Consume or bring alcoholic beverages or non-prescribed medications on Heritage property. Clients who violate this rule will be offered Detoxification services or be asked to leave the premises.
- Gamble.
- Loan money to or ask to borrow money from another client or Heritage staff.
- Provide gifts to Heritage staff.
- Smoke or chew tobacco inside of Heritage buildings, or smoke within 15ft of an entryway or under an awning, or dispose of tobacco products anywhere other than receptacles provided in designated smoking areas.
- Enter into staff offices unless accompanied by staff.
- Sleep or lie down on the couches, rearrange furniture, lean chairs back against walls, or put feet on the furniture.
- Use your cell phone camera, or any other camera, to take pictures of other clients or staff at Heritage or when attending Heritage activities.

Appropriate Dress

The Recovery Model includes Personal Responsibility. Part of personal responsibility is wearing clothing that is appropriate for the time, place and activity. We expect clients to dress appropriately when visiting Heritage for treatment or attending any activities sponsored by Heritage. If you are not dressed appropriately, staff will discuss it with you.

- Do not wear articles of clothing that advertise drugs or alcohol.
- Do cover up. Short, low-cut or see-thru clothing is not appropriate dress in our setting.

Expectations for Group Therapy Activities:

- The expectation of Group Therapy is that ALL members participate. You AND other group members benefit from your active participation.
- Come prepared so as not to interrupt the session.
- Be prompt. Show up and get settled before it's time to begin.
- Respect other group members' confidentiality. What is said in group stays in group!
- Be respectful of others. Don't disrupt by having side conversations, interrupting when someone is speaking, or passing notes.
- If you must leave early, ask the leader for permission before the group begins.
- Please observe additional rules as deemed appropriate by the group's leader.

Restriction of Client Rights or Privileges

Heritage may place restrictions on services or privileges due to not following program or agency rules or behavior that might cause harm to you, others, or to Heritage property. If this occurs, a plan for restoring your restrictions will be developed with you and/or your guardian. The plan will include the purpose of the restriction and measurable steps for restoring the lost privilege. You will be given a copy of the plan.

Heritage does not restrict your rights. If you believe your rights have been violated, report it to any Heritage employee or supervisor. Client rights violations will be handled as outlined below in the Dispute Resolution procedures. You may also contact the appropriate agency listed in this handbook.

Heritage does not use seclusion or restraints as a form or treatment.

Heritage's Dispute Resolution Process

- I. **Grievance Process.** The Dispute Resolution Procedure at Heritage involves two separate processes, one for the handling of any violation or alleged violation of a client's rights, and the second for the handling of any other client related complaint(s). A formal complaint is one that rises to the investigative level and is not easily handled or resolved at the supervisory level or when the complaint is not supervisory in nature.
- II. **Dispute Resolution**
 - A. When a client or family member has a complaint with the quality of care, treatment decision(s), course or duration of treatment or any other service issue, the complaint should be presented to the appropriate Leader (supervisor). If the complaint involves an alleged violation of rights, the procedures outlined in Section III below will be followed.
 - B. Both clients and, when applicable, parent/guardian, and/or family members shall be given the name of the appropriate Heritage Leader with whom they may register a complaint, either directly or in writing.
 - C. Any staff member may file a complaint on behalf of the client.
 - D. The Leader will investigate the complaint and attempt to resolve the difficulty with the involved parties as quickly as possible.
 - E. If an immediate solution to the complaint is not reached, the client, parent/guardian, and/or family member, or Leader may request that a treatment review team be scheduled which shall be convened no longer than 5 working days from the date of the request.
 - 1) The treatment review team will be comprised of the client, the staff involved in the delivery of services, the team/program leader, and any of the following, as appropriate to the case, Division Manager, the Heritage physician, the Chief Clinical Services Officer or designees and, when appropriate, parent/guardian and/or family member(s).
 2. Documentation of the clinical review will be completed in the client record, documenting the process and rationale for the outcome of the team meeting by the primary assigned staff.

3. If the client, parent/guardian, or family member(s) is not satisfied with the outcome of the treatment review process the following steps can be taken: The client, parent/guardian, or family member(s) can request to meet with the President/CEO, and/or the client can file a complaint with the organizations listed on the Client Rights, Responsibilities, and Informed Consent for Services form.
4. This individual will be notified within 3 working days of appointment time with President/CEO.
5. Services to clients may not be limited, suspended and/or terminated due to exercising their rights.

III. Alleged Client Rights Violation

A. **Scope.** The grievance process for client rights violation is intended solely for the purpose of investigating and resolving an alleged violation(s) of client rights and not for the purpose of settling complaints arising from disagreements or disputes that clients may have regarding the treatment or services they are receiving. If the complaint does not involve an alleged client rights violation, then redress or resolution of the complaint is to be brought before the supervisor of the program in which they have the disagreement or dispute (See section II above for other client complaints). In any case, all persons have the right to redress any perceived grievance without retribution or reprisals of any kind. Heritage has designated the Director, Compliance or designee, as the client advocate who will ensure that grievances involving an alleged violation(s) of client rights will be expeditiously addressed.

B. Rights Violation

1. Anyone who believes that a client's right(s) have been violated should report it to the Director, Compliance or Chief Officer as soon as possible and practical. If, after careful review by the Director, Compliance or designee, the violation(s) is not deemed to reflect a violation of client rights, the decision for resolution will be referred back to the Leader of the program from which the grievance originated.
2. The Director, Compliance or designee will be responsible for gathering the information from the complainant and from any other person(s) with direct knowledge of the alleged violation who is willing to cooperate with the investigation and for whom signed releases of information have been obtained, if appropriate.
 - a. Upon the completion of the investigation the Director, Compliance or designee will produce a written report of the investigative findings within three (3) calendar weeks. If not, the report will be produced in as expeditious fashion as possible, given the logistics involved in gathering information and the schedules/workload of the staff conducting the investigation. This report will be presented to the Ethics Committee, composed of the President/CEO, Chief Financial Officer, Chief Clinical Services Officer, and the Chief Human

Resources Officer. Should one of these staff be the subject of the alleged violation, have a conflict of interest, or even an appearance of one, an appropriate replacement will be made. The client may call the Director, Compliance or designee and inquire at any time as to the status of the investigation.

- b. The Ethics Committee will review the report and render a decision no later than 10 working days of receiving the report. The Director, Compliance or designee will notify the Complainant verbally no later than 10 working days of rendering a decision when possible. If they cannot be reached, a written notification will be sent to the Complainant. The client may, upon request, receive a copy of the summary of the committee's decision.
- c. If the Complainant is not satisfied with the Ethics Committee's disposition of the complaint, he/she may, within (5) working days, request to discuss his/her dissatisfaction with the President/CEO/or designee directly. This meeting to discuss the Complainant's concerns will be scheduled to take place within (10) working days of the request and a decision will be rendered no later than (5) working days after this meeting. The client will be notified in writing of the final decision of the President/CEO.
- d. In the event this executive review does not satisfy the Complainant, he/she has five (5) working days from the date of this meeting to request that his/her case be heard by a sub-committee of the Board of Directors. The President/CEO will notify the Board of the request.
- e. If the sub-committee believes it to be warranted, they may bring the case to the full Board, but in any case, whether the sub-committee renders a decision without the review of the full Board or whether a full-Board review takes place, a decision will be rendered within fifteen (15) working days of receiving the request and will be final. The client will receive written notification of the Board's decision.
- f. All complaints regarding violation of client rights will be recorded in the Log of Client Rights Complaints. This log will contain the following information:
 - 1.) Name of Complainant;
 - 2.) Name of client whose rights are alleged to be violated, if different from Complainant;
 - 3.) Date of complaint;
 - 4.) Brief summary of rights allegedly violated;
 - 5.) Disposition and date of disposition; and
 - 6.) Date of any final correspondence with complainant.
- g. The Corporate Integrity Committee will aggregate and review the data from the Log of Client Rights Complaints semiannually for the purpose of identifying any patterns or trends that would need to be addressed and to

prevent further violations of client rights. The semi-annual review will include any recommended actions for improvement as well as any action(s) already taken.

- h. Heritage also follows the guidelines of the Office of the Inspector General, State of Illinois, for reporting allegations of client abuse, neglect and/or financial exploitation.
- i. Reviews from external sources will be requested as needed.
- j. Services to clients may not be limited, suspended and/or terminated due to exercising their rights, nor shall any form of retaliation be tolerated toward anyone making an allegation.

If you are receiving mental health services funded by the Department of Mental Health you have the right to present complaints and grievances related to payment and services to the Illinois Mental Health Collaborative.

Heritage Behavioral Health Center is funded, in part, by the Department of Human Services – Division of Substance Use Prevention and Recovery, the Division of Mental Health, the Division of Rehabilitation Services, Bureau of Basic Supports, Healthcare & Family Services, the Macon County Mental Health Board, Macon County Court Services, DeWitt County Community Mental Health Board and the United Way of Decatur & Mid-Illinois.

Public Payer's Grievance Process

1. The Collaborative will ask about your concern and help you get in touch with the proper organization to help you. They will offer to help coach and support you through this process. You may accept or decline this help.
2. At the same time, the Collaborative will begin a review of your issue. If the complaint is about something the Collaborative or an employee of the Department of Mental Health has done, the Collaborative will begin a review or make a referral to the appropriate organization.
3. If your complaint is about a possible violation of your rights, the Collaborative will help you get in touch with the proper organization.
4. If you share your contact information, the Collaborative will send you a letter that tells you the complaint is being reviewed as well as when the complaint is resolved or fixed.
5. If you are dissatisfied with a decision made by the Collaborative or the Department of Mental Health you may request a review of the decision by the Collaborative or the Department of Mental Health as appropriate in any given situation. In some situations, you may also have specific legal rights to an appeal of a particular decision.
6. If you want someone else to talk to the Collaborative about your complaint, compliment or appeal, Collaborative staff can explain how you can designate a representative or they may suggest you talk to Guardianship and Advocacy, Equip for Equality, or your attorney.

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

If you have any questions about this notice, please contact the Director of Compliance, 217- 420- 4712.

OUR OBLIGATIONS We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies your (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Medical Records Department.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment. Payers may include but are not limited to contractors for the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery, Division of Mental Health Services, Healthcare & Family Services, Macon County Mental Health Board, Macon County States Attorney’s Office, DeWitt County Community Mental Health Board or any insurance company you may have

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our office. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

We participate with other behavioral health services agencies (each, a “Participating Covered Entity”) in the IPA Network established by Illinois Health Practice Alliance, LLC (“Company”). Through Company, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint quality assurance activities, and/or share financial risk for the delivery of health care with other Participating Covered Entities, and as such qualify to participate in an Organized Health Care Arrangement (“OHCA”), as defined by the Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the Treatment, Payment and Health Care Operations purposes of all of the OHCA participants.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved treatment or payment for your care, such as your family or a close friend.

We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of clients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify clients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by federal, state or local law. Illinois law also has certain requirements that govern the use or disclosure of your Health Information. In order for us to release information about mental health treatment, your AIDS/HIV status, and alcohol or drug use treatment, you will be required to sign an authorization form unless Illinois law allow us to make the specific type of use or disclosure without your authorization.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena,

discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) about a death we believe may be the result of criminal conduct; (3) about criminal conduct on our premises; and (4) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, and Medical Examiners. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES REQUIRING US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Medical Records Department and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Medical Records. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Medical Records. Any written request regarding a record dispute will be attached to your record.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Medical Records.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Medical Records. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to our Business Office. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.heritagenet.org.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top left-hand corner.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact

the Director of Compliance, 217-420-4712. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit Office for Civil Rights web site, <https://www.hhs.gov/ocr>, or call 800-368-1019.

HERITAGE BEHAVIORAL HEALTH CENTER, INC.
CLIENT RIGHTS, CONSENT FOR TREATMENT AND FINANCIAL AGREEMENT

Client Name

Client Code

Date Of Completion

CLIENT TREATMENT RIGHTS

I have been informed of the rights and responsibilities listed below and understand how they apply to me as a client of Heritage Behavioral Health Center. You have the following rights as a client of Heritage. If you do not understand your rights, ask your counselor to explain them to you.

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), 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

CLIENT RECORDS

- A. You have the right to review your records with appropriate staff present to help you understand them. Heritage will keep your records up to 10 years past your last date of services, or 10 years past age of majority.
- B. Your information written, verbal or computerized is confidential according to the rules and regulations of State and Federal Laws, and as specified in Section 2060.319, and in 740 ILCS 110/5 (b)(4) and the Mental Health and Developmental Disability Confidentiality Act, Ch. 91 ½, Sec. 803 et. Seq. You have the right to give or withhold informed consent regarding treatment and confidential information; however in some cases staff is mandated to disclose information without your permission.
- C. Confidentiality of HIV/AIDS status and testing and anonymous testing will be handled as specified in Section 2060.321, and the HIV/AIDS Confidentiality ACT.

- D. Upon request, the following persons may inspect or copy your records:
- You if you are 12 years or older
 - Your parents or guardian, if you are under 12 years old.
 - Your parents or guardian if you are 12 to 18 if you give written authorization or if your therapist does not find compelling reasons for denying access.
 - Parents/guardians may have limited access to information and may seek a court order to grant additional access.
 - Any person of your choice, if you sign the Consent to Release Information.

CONSENT FOR TREATMENT

- A. The client and/or responsible party agree to be treated by Heritage Behavioral Health Center staff, assistants, associates, and consultants.
- B. The Heritage Physicians may prescribe medications as needed. They will explain any adverse side-effects to me at the time of prescribing.
- C. Should I leave treatment without consent from Heritage staff, I will be made aware of all consequences of my actions, and Heritage will be relieved of all responsibility for all ill effects of those actions.
- D. Without 24-hour notice, Heritage reserves the right to charge for failed appointments.

TEXTING AGREEMENT

I agree to allow Heritage Behavioral Health Center to send me text messages. I understand that Heritage Behavioral Health Center will use my cellular telephone number to send me appointment reminders via text message. I understand there is some level of risk that information in a regular text message could be read by someone else. I understand that text message and data rates may apply. I understand that I may opt out of receiving text messages at any time by informing Heritage staff and updating a consent for treatment form.

EMAIL AGREEMENT

I agree to allow Heritage Behavioral Health Center to send me email messages. I understand that Heritage Behavioral Health Center will use my email address to send me documents for electronic signature. I understand there is some level of risk that information in an email could be read by someone else. I understand that I may opt out of receiving emails at any time by informing Heritage staff and updating a consent for treatment form.

TELEHEALTH AGREEMENT

Telehealth involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, psychiatrists, nurse practitioners, therapists, specialists, and/or subspecialists. The information gathered during

telehealth may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and will include measures to safeguard the data. By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed to any entities without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that I have the right to inspect all information obtained and documented in my electronic health record in the course of a telehealth interaction, and may receive copies of this information for a reasonable fee.
4. I understand that telehealth involves electronic communication of my personal medical information to medical practitioners located in other areas, including out of state.

FINANCIAL AGREEMENT

- A. I understand that Heritage Behavioral Health Center, Inc., charges for the cost of their services. I understand that I will not be deprived of crisis or referral and linkage services based on my inability to pay or insurance company's review of my case.
- B. I understand it is my responsibility to inform Heritage of any insurance, or other funders I might have now or in the future while receiving services. I understand that I am required to complete a financial agreement semi-annually to continue receiving services.
- C. I give Heritage permission to release my substance abuse/mental illness records, which are necessary to file and process client claims with a third party payer. Those payers may include but are not limited to contractors for the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery, Healthcare & Family Services, Division of Mental Health, Macon County Mental Health Board, DeWitt County Community Mental Health Board, Office of Inspector General, Macon County States Attorney's Office or any other insurance company I may have.
- D. I understand that I may revoke in writing my consent for financial information to be released, except to releases already made, at any time during my treatment. I understand that if I revoke my consent I will become 100% responsible for the cost of service.
- E. I understand that my social security number may be used under the act of 42 USC 405 (c) (2) for the purpose of identification, determination of benefits, and detection and possible prosecution for fraud.

- F. I authorize payment of insurance benefits to Heritage for any and all services I have received. I understand that my insurance company may not fully cover my bill and that I agree to be responsible for the remainder of my charges based on client responsibility determined on Application for Financial Assistance.

In an emergency, necessary medical and dental care may be given without your consent to protect your life. I understand that this service will be provided at my own expense. *Hospital preference in case of an emergency is:*

After having my rights verbally explained to me, I agree to all the above terms and give consent for treatment, and have received a copy of this form, a copy of the Client's Rights Handbook and Heritage's Privacy Notice.

Client Signature

Parent/Guardian Signature

Witness Signature

Date of Signatures

I have explained client rights to _____ and believe that he/she
(Print Client's Name/Code).

- ☐ DOES understand his/her rights.
☐ DOES NOT understand his/her rights.

(Please check the appropriate box to complete the sentence regarding this client).