

## YOUR RIGHTS

Rutland Mental Health Services (RMHS) is committed to maintaining the dignity and worth of all individuals seeking services. We do not discriminate on the basis of race, creed, sex, sexual orientation, or disability. As a person receiving services, you have the following rights:

- To receive treatment that is considerate of your age, gender, culture, sexual orientation, spiritual beliefs, socioeconomic status, and language.
- To receive treatment that is free of physical or psychological abuse, retaliation, humiliation, neglect, or exploitation for financial gain.
- To ethical treatment, as determined in the RMHS Code of Conduct. A copy of the Code of Conduct can be obtained from your primary therapist, case manager or other RMHS staff. In addition, if you are receiving services from a person licensed or certified by the State of Vermont, you will be given a copy of the Code of Ethics governing your clinician's profession.
- To receive treatment and rehabilitation and/or educational services appropriate for your condition according to commonly accepted professional standards.
- To participate in the development of your plan of care. With your consent, family members will also have the opportunity to participate in the development and review of your plan of care. You will be assigned a primary case manager or therapist who will assist you in the development, review and revision of your plan of care, and in the coordination of your care. You will be asked to identify your goals and desired outcomes in seeking services.
- To information which will assist you in making decisions about your treatment. You will be informed about your condition and progress. A copy of your treatment plan will be provided to you if you request it. You are encouraged to meet with members of your treatment team to participate in treatment decisions.
- To informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services, composition of the service delivery team, and involvement in research projects, if applicable.
- To the least restrictive conditions necessary to achieve the goals of your treatment plan. Any restrictions placed on you will be periodically reviewed by the treatment team. You may file a grievance, or appeal any decision which results in a restriction of your rights.
- To be free of unnecessary or excessive medication.
- To be free from the use of seclusion; and from restraint, with the exception of the use of emergency holds where there is a threat of imminent harm to yourself or others.
- To refuse treatment with the following exceptions: Except after a court hearing and final commitment order, or Except if your behavior is such that it is necessary to use treatment to prevent physical or emotional harm to you or other persons.
- To petition the court for review of any civil commitment order in accordance with the provisions of the law.
- To privileged (confidential) communications with those who examine or treat you. Information provided during evaluation or treatment may not be disclosed without your consent or appropriate court order, except in cases where a significant danger exists to yourself, others, or property. In addition, we are required by law to report any suspected abuse or neglect of a child and abuse, neglect or exploitation of an elderly or mentally disabled adult. Additional information on your privacy rights, including your right to access your own record, is available in the RMHS NOTICE OF PRIVACY PRACTICES.
- The right to assistance with access and referral to guardianship services, to self-help groups, to advocacy services, or to legal services.
- The right to assistance in understanding your bill.
- To be informed, in a manner consistent with your level of understanding, of these rights. You (or guardian, if applicable) will acknowledge, in writing, your receipt of information regarding the rights of persons receiving services.

## YOUR RESPONSIBILITIES

As a person being served by Rutland Mental Health Services, you have both rights and responsibilities. You have a right to considerate, respectful treatment, and you have responsibility to be considerate and respectful of the rights and privacy of others.

Smoking is prohibited in all agency buildings and in vehicles operated by agency staff while being used to transport persons served.

You are prohibited from bringing illicit drugs or prescription medications that are not in their original, marked containers into RMHS facilities.

You are prohibited from bringing weapons into any RMHS facility and from possessing any weapon while being provided with transportation by RMHS staff.

Your children should be supervised at all times. As part of registering with our treatment system, you will be asked to sign a fee agreement which outlines your responsibilities for payment. Payment for services is due when services are received unless other arrangements are made.

### GRIEVANCE PROCEDURE

It is the policy of RMHS that any appeal, grievance or complaint regarding services and support raised by a client, family member, guardian, or a person acting on behalf of the client, who does so with his/her express permission will be given due consideration.

### DEFINITIONS

**An appeal** is a request for review of denial, reduction or eligibility for service. **A grievance** is a complaint not related to service denial, reduction or eligibility. Rather, it is notice of dissatisfaction with staff, programs, policies, quality, timeliness and accessibility of services or services not available. To be a grievance, the person filing the grievance must request a response from the agency, if you do not request a response, it is considered **a complaint**, which is tracked for quality purposes.

You, your family member, or other person acting on your behalf, having a grievance or appeal may complete a Grievance & Appeal Form and/or explain the grievance or appeal to your primary RMHS therapist or case manager who will assist you with completion of the Grievance & Appeal Form. RMHS staff shall arrange for reasonable accommodations for language or other needs you may have in order for you to understand and participate in the process. Your primary therapist or case manager shall report the grievance or appeal to the Program Director using a copy of the Grievance & Appeal Form. The original form will be forwarded to the Grievance & Appeal Coordinator. The Program Director will work with the Grievance & Appeal Coordinator to review and investigate all grievances from the initial filing through resolution.

**Grievances** must be filed within 60 days of the 'pertinent issue'.

**Appeals** must be filed within 90 days of the mailing date of the notice of service denial or reduction.

### RESOLUTION

All grievances must be resolved, and a written notice of resolution sent, within 90 calendar days of the date the Grievance was filed. The resolution notice will include a brief summary of the complaint, the steps taken on behalf of the person served, and the resolution. If the resolution is adverse, the resolution notice will include information on how to request a Grievance Review by the appropriate AHS/State of Vermont Department. *All review requests must be filed within 10 days of the resolution notice.*

All appeals must be internally reviewed by a qualified staff person who was not involved in the original action and who will determine whether to let the decision stand or change it, within 15 days of receipt of the appeal. You will be notified of the decision immediately. If the original decision is to stand, the appeal

transfers to the appropriate AHS/State of Vermont department for further action. In either case, a written notification of the appeal determination will be sent to you. You may request a reconsideration prior to or in place of filing a formal appeal. You may request a Fair Hearing simultaneously with the Appeal Process.

You may request an Expedited Appeal in emergent situations from the agency and/or the appropriate AHS department. If the expedited appeal meets criteria, a decision by the appropriate AHS department working with the agency will be made within 3 days. If the appeal does not meet criteria, the appeal will be processed as a standard appeal.

You will be advised of your right to representation or the assistance of an advocate at any stage of the grievance and appeals procedure. You will also be assured of the confidentiality of the proceedings and that no retribution of any kind will result from filing a grievance or appeal.

## QUALITY IMPROVEMENT

We are dedicated to improving the quality of our services. We value your input regarding the quality of care, the results of our services, and your satisfaction with any aspect of our organization. We will be asking for your input through surveys and we encourage you to provide us with your feedback. We also solicit feedback from families, other providers and agencies, and others in the community. If, at any time, you have any suggestions on how we can better serve you, please feel free to share them with us.

## EQUAL OPPORTUNITY

It is the policy of RMHS to provide equal opportunity and employment to all staff, applicants, and recipients of our services.

## ACCESS TO SERVICES

If you are interested in our behavioral health services, please call us at (802) 775-2381; TTY /TTD (800) 235-0191. Intake workers provide information, referral, financial counseling, scheduling, and information on the admissions process.

For access to Developmental Services, call the Community Access Program: (802) 775-0828.

## IN AN EMERGENCY

Emergency services are available 24 hours a day. Business hours are 8:30 AM to 5:00 PM, Monday through Friday. During normal business hours, please contact your primary therapist/ case manager. After hours, weekends, and holidays, call 775-1000 for assistance. For crisis response for children and families, please call 773-4225.

Rutland Mental Health Services Locations

**78 South Main St.** (Main Office) **775-2381**

**7 Court Square** **775-4388**

**135 Granger St.**(Evergreen Substance Abuse Services) **747-3588**