



CLIENT RIGHTS

The following rights pertain to all clients receiving services at the Southeast Kansas Mental Health Center.

- Confidentiality: Your medical and psychological records will be held in confidence, subject to the following conditions:
- Information may be exchanged from time to time in professional consultation among members of the Southeast Kansas Mental Health Center staff.
- Records may be disclosed to you or others upon your written consent, or by the written consent of your parent if you are under the age of 18. Once you authorize release of information, you can revoke the authorization. The consent and its revocation must be in writing.
- Southeast Kansas Mental Health Center Executive Director may refuse to disclose portions of these records if it is felt that such disclosure would be injurious to your welfare. In this event, the Executive Director or designee would provide you with a written statement explaining why the disclosure would be injurious to your welfare. In the presence of a Court-Ordered request for information, client consent is not required.
- No information will be disclosed to persons not otherwise authorized by Law to receive such information.
- Kansas Statutes require that suspected cases of child or adult abuse be reported to the appropriate agency. You are also advised that threats of certain and immediate danger to yourself or others may be reported to appropriate authorities. When such a report is made, it may occur in conjunction with consultation with either the Executive Director, Medical Director, Director of Clinical Services, and/or Director of Community Support Services of the Southeast Kansas Mental Health Center.
- You have the right to an explanation of the nature of all medications prescribed, the reasons for the prescription, and the most common side effects known to be associated with the medication.
- You have the right to an explanation of the nature, course of any treatment prescribed, approximate duration and any known risks associated with such treatment. You have the right to request information on possible alternative treatment.

- If you are a voluntary client, you have the right to refuse any and all treatment. All clients have the right to know the name and credentials of the person in charge of his/her treatment. You have the right to request a different treatment provider within the limits of the Center's ability to provide someone else. Let the provider or office staff know.
- If you are an involuntary or a Court-Ordered client, you have the right to an explanation of the possible legal consequences, should you fail to comply with the prescribed evaluation and/or treatment program. (Note: the staff may or may not be aware of all possible legal consequences. The Center is responsible for reporting your noncompliance to Court authorities.)
- You have the right to treatment in the least restrictive environment, dependent upon your treatment needs.
- You have the right to receive services from a psychiatrist or physician not employed or contracted by the Southeast Kansas Mental Health Center, provided that the necessary releases are signed to ensure coordination of care. The psychiatrist or physician providing such services will assume medical responsibility for all medications prescribed.
- You have the right to be accompanied or represented by a person of your own choosing during all contacts with the Southeast Kansas Mental Health Center, providing that this does not compromise your right to confidentiality or prove detrimental to your treatment.
- You have the right to file, or have counsel or other representative file, a complaint concerning the violation of your rights or any other matter with the Executive Director. Forms for such complaints may be obtained from the receptionist at each Center location. Such complaints may be hand delivered to the Center office or sent by certified mail. You or your designee may be present when complaints are discussed or the outcome determined.

These rights are in compliance with K.A.R. 30-60-50, Article 60-Licensing of Community Mental Health Center.

Signature

Date