

## ASPIN BEHAVIORAL HEALTHCARE NETWORK CLIENT RIGHTS AND RESPONSIBILITIES – DMHA SUPPORTED CLIENTS

Welcome to the ASPIN Behavioral Healthcare Network! You or your child are being registered as a participant in the DMHA Supported Clients (DSC) Program, a state funded program which allows you access to an entire network of care. You are entitled to certain rights during your treatment. These rights are guaranteed by your provider, by ASPIN and, in certain respects, by state and federal law statute. Your rights include:

1. Access to equal treatment without regard to gender, race, religion, age or handicap, including the right to practice your religion.
2. Treatment that is free from abuse, financial or other exploitation, retaliation, humiliation and neglect.
3. A full and clear explanation of services available. Your right to make informed consent, refusal, or expression of choice about: service delivery, release of information, concurrent services, composition of the service delivery team, and involvement in research projects, if applicable.
4. Protection of your privacy and confidentiality under state and federal guidelines. In most cases this means that records cannot be released unless you specifically authorize that release. Please be aware that information about possible child abuse, including physical and sexual abuse, neglect and/or threats to the direct safety of your child must be reported to the responsible state agency. Also, if it is learned that you or your child intends to harm themselves or someone else, your treatment providers are required to take steps to attempt to prevent such harm. Your information will not be used for any type of marketing purposes.
5. A clear and complete description of the treatment proposed, as well as your obligation in carrying out that treatment.
6. Access to your or your child's record, unless portions of the record are determined by medical staff to be detrimental to you or your child. Access to information pertinent to care will be provided in sufficient time for you to make decisions regarding your treatment.
7. Cooperation in obtaining an independent second opinion and/or legal counsel at your own expense at any point in the treatment process.
8. To know the credentials of your provider(s) and the scope of services they can deliver.
9. Access to a clear description of the process through which you may express any concerns or complaints about your care. To be able to express concerns and grievances without reprisals and a process to appeal the decision of the grievances. The right to investigation and resolution of any alleged infringement of rights.
10. To send and receive mail, telephone calls and receive visitors unless counter-indicated by your treatment and when these occur be fully explained.
11. To have access or referral to legal entities for appropriate representation, self-help and advocacy support services, and for your provider to adhere to research guidelines and ethics if you would chose to participate in any form of research and/or experimental procedures.
12. For persons served in a residential setting, conditional rights include the right to: 1) wear the individual's own clothes; 2) keep and use personal possessions; 3) keep and spend a reasonable amount of the individual's own money; 4) have access to individual storage space for private use; 5) maintain reasonable means of communication with persons outside the facility, which includes the following: to be visited at reasonable times, to send and receive sealed mail, to have access to a reasonable amount of letter writing materials and postage, to place and receive telephone calls at the individual's own expense.
13. Any other legal rights as established by state and federal law.
14. To access DMHA, call 800-901-1133, for TDD, call 317-232-7844 or for Indiana Disability Rights call 317-722-5555 (local), 800-622-4845, 317-722-5563 (Local TTY), 800—838-1131 (Toll Free TTY) or [www.indianadisabilityrights.org](http://www.indianadisabilityrights.org).

As an active partner in care, ASPIN expects that you will undertake certain responsibilities. These include but may not be limited to:

1. Providing accurate and complete information about present concerns, prior treatment, medical conditions and other matters relating to you or your child's care.
2. Being an active and cooperative partner in following an agreed upon treatment plan, including keeping appointments and informing clinicians of any changes in your or your child's status.
3. Obtaining or helping obtain any necessary outside information, e.g. school records, which may be needed for your care.

In signing this, I indicate that I understand and accept the rights and responsibilities outlined above. I have had an opportunity to ask questions and discuss this information.