

Statement of Consumer Rights

ComWell wants to be sure that you get the service you need. To be sure this happens, a list of your rights as a service recipient has been developed. When the law requires it, and/or if you give permission in writing, your parent, guardian, or someone else acting for you may exercise these rights.

You keep all rights, benefits and privileges that the law says you have.

You have the right to nondiscriminatory access to services as specified in the American's with Disabilities Act of 1990 (42 USC 12101). Services will be provided to you and/or your family without discrimination. A person with known or suspected mental illness, substance use or developmental disability shall not be denied services because of age, sex, race, religious belief, ethnic or national origin, gender identity, marital status, physical, mental or other disability or criminal record unrelated to present dangerousness. No person shall be deprived of any rights, benefits, or privileges guaranteed by law solely because of their status as a person or family receiving services. If you have a language assistance need, whether oral or written, or if you have a visual, auditory, linguistic or motor ability need, please inform a member of our team to determine how we may accommodate your request.

Services will be provided to you in the least restrictive environment possible and shall prohibit corporal punishment, seclusion, abuse, neglect and exploitation of individuals.

You will be given the opportunity to refuse generally accepted services or any specific service procedure, including medication, to the extent permitted by law. If such services are refused, they shall not be given. Professional staff shall inform you when you refuse services of alternate services available and the risks of such alternate services, as well as the possible consequences to you of refusing recommended services or specific service procedures.

For some programs, services may be delayed if you are unwilling to pay for those services. You will not be denied services for an inability to pay. If you are unable to pay for your services please ask about our sliding scale fee and payment plan options

All information about you is confidential, in accordance with the Illinois Mental Health Confidentiality Act, (740 ILCS 110), Health Insurance Portability and Accountability Act of 1996 (Public Law 104-91, 45 CFR 160 and 164), Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2) HIV/AIDS Confidentiality Act and the AIDS Confidentiality Testing Code and will only be released with your written consent, except in cases when state or federal laws require that information to be given without your consent. For example, we are required by law to report evidence of suspected child abuse or neglect, or if you threaten serious bodily harm to yourself or someone else. Our records can also be subpoenaed by the court. Your rights will be protected in accordance with the Ill. Mental Health Code, and specifically Chapter 2 of the Code, except that the use of Seclusion shall not be permitted.

Illinois law permits minors age 12 and older to receive a limited amount of counseling services or psychotherapy on an outpatient basis without parental consent, and providers are prohibited from notifying the minor's parents without the minor's consent "unless the facility director believes such disclosure is necessary," in which case the minor must be informed. Mental Health and Developmental Disabilities Code, 405 ILCS 5/3-301.

Under Illinois law, minors age 12 through 17 have the right to access and authorize release of their own mental health and developmental disabilities records and information, and their parents have such rights only if the minor does not object or the therapist does not feel there are compelling reasons to deny parental access. (Nonetheless, parents may receive information regarding the minor's physical and mental condition, diagnosis, treatment needs, services provided/needed, and medication.). Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/5.

If you ask to do so in writing, you have the right to look at your current file, including any information that has been or will be given to someone else giving you services. These records must be looked at with you and your service provider.

You have the right to a plan of services developed for you. You will be expected to take part in the development of your plan and to sign it to show you accept it. You may at any time seek a second opinion or go somewhere else for services.

If the way you are being served or have been served by this organization concerns you, you may ask at any time to share your feelings with your service provider, or his/her supervisor. If you wish to file a grievance, you may ask any staff for a copy of ComWell's Client's Grievance Procedure that will explain how to do this.

You will not be denied, suspended, or terminated from services or have services reduced for exercising any of your rights. ComWell has a Human Rights Committee that is available to assist you if you feel your rights are being violated or if you have concerns regarding your rights. You may ask any staff to refer you to a member of the Human Rights Committee.

THE FOLLOWING RIGHTS ALSO APPLY TO INDIVIDUALS RECEIVING COMMUNITY DAY SERVICES AND CILA SERVICES AND INDIVIDUALS RECEIVING SUBSTANCE USE SERVICES, YOU HAVE THE RIGHT NOT TO BE ABANDONED ONCE SERVICES HAVE BEGUN:

If you are dissatisfied with services you may also contact the following organizations. A staff person will assist you in contacting these groups:

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| OIG | | 1-800-368-1463 |
| Illinois Guardianship and Advocacy | 4500 College Avenue, Alton, IL | 462-4561 |
| Equip for Equality | 103 South Washington, Suite 202, Carbondale, IL | 457-3304 |
| Department of Human Services | 4500 College Ave. Alton, IL | 465-5593 |

THE FOLLOWING RIGHTS ALSO APPLY TO INDIVIDUALS RECEIVING CILA SERVICES:

Every individual receiving CILA services has the right to be free of abuse and neglect.

You have the right to remain in CILA unless you voluntarily withdraw or meet the following criteria for termination:

1. The medical needs of the person can't be met by the program; or
2. The non-adaptive behavior of an individual places the individual or others in serious danger; or
3. The individual is to be transferred to a program offered by another agency and the transfer has been agreed upon by the individual, the transferring agency, and the receiving agency; or
4. The termination recommendation has been approved by the Illinois Department of Mental Health; or
5. An individual has an extended period of absence from a living arrangement which exceeds 50 days and is expected to last indefinitely.

You or your guardian shall be permitted to purchase and use the services of private physicians and other mental health and developmental disability professionals of your choice, which shall be documented in the service plan.

I/my child have received a copy and read the ComWell Consumer Orientation brochure and understand the services available here.

I, _____ am requesting services for myself, my child_____.

Consumer Signature Date

Legal Parent/Guardian Date

I have explained the Consumer Rights to the consumer and/or their guardian and I believe he/she understands them.

Witness Signature Date

If via Phone: Secondary Witness Signature Date

If done in person: I,/my child,/have read and received a copy of this Consumer Rights Form.

Consumer Signature Date

Legal Parent/Guardian Date