 **HUMAN RIGHTS NOTIFICATION**

All consumers have the right to services that are responsive to their age, gender, social supports, socioeconomic status, cultural orientation, psychological characteristics, sexual orientation, gender identity, gender expression, physical situation, and spiritual beliefs. In accordance with this policy, all consumer rights are listed herein.

**Non-Discrimination:** You are entitled to receive treatment regardless of your race, color, religion, creed, ancestry, national origin, physical or mental disability, veteran status, gender, gender identity, gender expression, age, social-economic status, intellectual ability, sexual orientation, political opinion, personal appearance, physical characteristics, marital or familial status or any other characteristic protected by law. You will be treated with courtesy, respect, and full recognition of your individuality. You have the right to dignity, privacy, and humane care. You have the right to live as normally as possible while receiving care and treatment.

**General Information:** You are entitled to be informed about all rules of the program and services and the nature of the services provided. Before your admission to the program, you will be informed of admission, attendance, and discharge policies. You have a right to know why you are being discharged and the plan for your mental health and physical health requirements after you are discharged. You have a right to be informed of all the programs and services of the Company. You have the right to access a private physician of your choice at your own expense.

**Fees:** In clear language that you can understand and before you are admitted to the program, you are entitled to know how much your treatment costs, who will pay for it, any limit to the amount they will pay, and any amount for which you are responsible for payment. You have a right to be free from exploitation for financial gain. This includes misuse of any funds for your use or care.

**Treatment Services:** All services will be provided consistent with relevant federal, state, and local laws and regulations. Your treatment will be provided in the least restrictive environment that is available and appropriate for your needs. You will be informed which staff member(s) are responsible for your care. You will be asked to participate in the development of your treatment plan and your treatment will be provided consistent with the plan you helped develop. You may ask for a review of your treatment plan at any time. You have the right to be informed of alternative types of treatment. You will be informed about any changes (and why) in your treatment. You have a right to have your care explained to you and to be informed what we will do if you refuse any treatment. You have the right to refuse treatment, but if treatment is ordered by a court, we will be obligated to inform the court of your decision.

**Medication:** You may refuse medication as part of your treatment. If you choose to take medication, you will be informed of the reasons for it, what it is intended to do, of any common side effects, and of any risks associated with the medication.

**Research:** You have the right to refuse to participate in any research trial. You will be informed if you will be participating in any medication (or other treatment) trial prior to being placed in a research trial. If you do choose to participate in such a trial, you will be given all relevant information required by law so that you can make an informed decision about your participation.

**Media use:** You have a right to know if any audio or visual recording devices, television, movies, or photographs will be used in your treatment. You have the right to refuse the use of any such devices and to understand what will happen, if any, if you refuse to have them used.

**Restraints:** You have the right to be free of all chemical and physical restraints. The Company will not use restraints, restrictive interventions or seclusion on any of the participants enrolled in the Company’s programs. The Company’s staff will address conflict situations with positive interventions such as by separating individuals and talking out problems.

**Confidentiality:** All of the information recorded in your record, in accordance with medical record policy is confidential except for legal or regulatory exceptions including the following:

* + - You have signed and completed an Authorization to Release Private Health Information form that is valid for no more than one year from the date it is signed or until it’s intended purposes are completed. You may cancel in writing your authorization at any time.
		- There is a court order signed by a duly appointed or elected judge
		- There is a perceived threat of injury to yourself or others or there is the likelihood that you will commit a felony or violent misdemeanor
		- There is a suspicion of abuse involving children or other vulnerable individuals
		- Representatives of a funding source for your treatment or services require that your records be made available to them
		- You are an inmate in the Department of Correction and are determined to need treatment for mental illness, developmental disabilities, or substance abuse
		- You are receiving emergency medical treatment (only the information necessary to meet the emergency will be released)

**Record Review:** You (or your legally responsible person) have a right to review your record consistent with Company procedures and legal requirements. You may contact the Program Director and request a copy of your record.

**Freedom from Abuse:** You have the right to be free from mental or physical abuse, harassment, physical punishment, or humiliating, threatening, or exploiting actions. You have the right to have any allegations of abuse reported to local law enforcement agencies.

**Legal:** You have the right to representation by a lawyer in matters relating to your care. You may consult with a lawyer and have your lawyer interview staff members who work with or previously worked with you under reasonable circumstances. You may have access to your medical records in accordance with Company procedures and legal regulations. You have a right to have your lawyer provide information before a hearing or other judicial proceeding.

**Advance Instruction for Mental Health Treatment:** Maryland individuals have the fundamental right to control the decisions about their mental health care. The State of Maryland has established an additional, nonexclusive way for an individual to exercise the right to consent to or to refuse mental health treatment when the person does not have sufficient understanding or ability to make or communicate mental health treatment decisions. You have the right to complete a mental health advanced directive to make your choices know. If you are interested, please contact the Maryland Disability Law Center at 1-800-233-7201 or TTY 410- 727-6387.

**Grievances:** You have a right to present a grievance you have and to understand how we handle your complaint. Maryland consumers also have the right to contact the Office of Health Care Quality with Maryland’s Department of Health, the statewide agency designated under federal and state law to protect and advocate for the rights of persons with disabilities. You will not be penalized for filing a grievance or complaint about your care or treatment.