

## CLIENT RIGHTS SUMMARY

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to reasonable protection from physical, sexual or emotional abuse, neglect, and inhumane treatment;
3. The right to receive services in the least restrictive, feasible environment;
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
13. The right to be informed of the reason for denial of a service;
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any matter prohibited by local, state or federal laws;
15. The right to know the cost of services;
16. The right to be verbally informed of all client rights, and to receive a written copy upon request;
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
18. The right to file a grievance;
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
20. The right to be informed of one's own condition; and
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

## RED OAK BEHAVIORAL HEALTH NO-RESTRAINT POLICY

Red Oak Behavioral Health prohibits the use of restrictive behavior management interventions. Therefore, it is the policy of Red Oak Behavioral Health to strictly prohibit the use of any of the interventions listed below within any of its services and/or sites of clinical service delivery.

- Seclusion
- Restraint
- Isolation
- Corporal Punishment
- Adverse stimuli such as electric shock devices
- Withholding nutrition or hydration or anything which would inflict physical or psychological pain
- Forced physical exercise to eliminate behaviors
- Punitive work assignments
- Punishment by peers
- Group punishment or discipline for individual behavior

It is acceptable for clinicians to utilize behavior modification techniques such as point systems, behavior charts, and/or other positive reinforcement efforts as interventions with clients. Therapists will sometimes consult with families and school staff to develop positive methods of changing thought and/or behavior patterns with clients. This, however, is not restrictive in nature.

If a situation arises in which a client needs to be redirected physically or restrictive techniques need to be used, that is the responsibility of the school staff or other authorities in the building where the clinicians are practicing.

**The complete Client Rights Policy/Procedure of Red Oak Behavioral Healthcare approved by the Department of Mental Health and Addiction Services is posted in the lobby and/or available upon request.**