

CLIENT RIGHTS

All patients at Portland Mental Health are entitled to following rights:

1. **Nondiscrimination:** PMH Clinics will not discriminate against you on the basis of your race, color, national origin, duration of residence, religion, ancestry, sex, gender, disability, sexual orientation, political affiliation, marital status, or age.
2. **Spiritual and religious freedom:** You have the right to your religious beliefs and spiritual practices. PMH practice representatives will demonstrate compassion and provide support for you to practice your chosen religion or form of spirituality.
3. **Respect and Dignity:** You have the right to treatment that is considerate and respectful of your dignity and individuality.
4. **Exercise of rights:** Your civil and human rights are the same as if you were not in treatment, including the right to vote and political views.
5. **At the start of treatment:** You have the rights to
 - be informed of the policies and procedures, service agreements and treatment fees for services provided
 - have a custodial parent, guardian, or representative, assist with understanding any information presented.
 - have family and guardian involvement in service planning and delivery
 - make a declaration for mental health treatment, when you are legally an adult
 - give informed consent in writing, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services if under age 18 and lawfully married, age 16 or older and legally emancipated by the court, or age 14 or older for outpatient services only.
 - file grievances, including appealing decisions resulting from the grievance
 - exercise all rights set forth in ORS 109.610 through 109.697
 - exercise all rights described here without any form of reprisal or punishment.
6. **While in treatment:** You have the right to:
 - choose from available services and supports that are consistent with the Service Plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive and intrusive to you and that provide you the greatest degree of independence.
 - participate in the development of a written Service Plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and to receive a copy of the written Service Plan.
 - confidential treatment of your records and to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50. Except as required by a medical emergency, no information will be released to or sought from any other agency or significant other (spouse, parent, etc.), unless you have signed a Release of Information form or are under age 14. Statistical data reported to funding and monitoring agencies shall be processed in a way that protects your identity.
 - referrals to/for medication management services.
 - be notified in advance of changes in your care team and if you are being transferred to a new clinician, except in emergency situations or if there are concerns about health and safety.
 - ask for and receive, from appropriate staff members, information about your diagnosis, individual plan and treatment methods, prospects for recovery and outcomes, potential risks, and alternative choices for treatment in understandable terms.
 - refuse to participate in research and experimentation.
 - not be abused or neglected by any representative of PMH clinics. Physical punishment and mental, sexual, and physical abuse are prohibited. Clients are not permitted to discipline other clients. Sexual contact between clients and PMH practice representatives is strictly prohibited. If you are concerned about this guideline, speak with a Practice Director. There will be no retaliation from making a report of potential of abuse or neglect.
 - be free of restraint or seclusion at PMH clinics. Physical and chemical restraints, or seclusion in a locked room, are prohibited.
 - not perform services for PMH clinics that are not included for therapeutic purposes in the program or in the individual plan.
 - formally or informally express concerns and complaints. You have a right to information regarding the grievance process.
 - review your service records within five days of your written request to do so in accordance with ORS 179.505.
 - terminate services at any time. You also have the right to refuse treatment and to be informed of the consequences of your refusal. However, if your refusal prevents PMH staff from giving appropriate, ethical care, PMH clinics may terminate your services.