COMPASSIONATE BEHAVIORAL HEALTH

Patient Bill of Rights

As a patient of Compassionate Behavioral Health, you have the right to:

- Courteous and respectful treatment, including sensitivity toward your cultural values, personal values, beliefs, and preferences.
- Receive appropriate health care based on your needs and continuity of care from different health care professionals.
- Receive complete and current information about your treatment so that you can make informed decisions, including information about diagnosis, treatment, and prognosis, and the risks and benefits of recommended treatment; this includes information about prescribed medications and their purpose, possible side effects, and any alternatives to medication.
- Receive information in plain language; appropriate assistance will be provided at no cost and in a timely manner if you cannot read or speak English or if you have a communication impairment. Talk to a front desk representative or call 612-429-6714
- Refuse or terminate services or treatment (as permitted by law).
- Know and receive in writing, upon request, the following information about the professionals who work with you: 1) name and title; 2) license number; 3) the specialty, if any, of the provider responsible for coordinating your care; and 4) the name, business address, and telephone number of the professional 's supervisor.
- Expect that the professional working with you has met the qualifications of training and experience required by law and to be informed, upon request, of the professional's education, training, and experience.
- Information about fees, the method of billing, insurance coverage, and whether we are willing to accept partial payment or to waive payment; also, information about the expected length and charges for those services, before receiving the services, and a right to reasonable notice of changes in services or charges.
- Refuse to give any information at any time; however, the lack of information may affect our ability to help you.
- Request a different professional, within the limits of our agency's clinical practices, health insurance, medical assistance, or other payment programs or agreements.
- A referral when you need services we cannot provide; we will also make a referral when you ask us to do so.
- Information about available health and social services in the community, upon request.
- A coordinated transfer when there will be a change in the provider of services.
- Privacy related to your health care: case discussion, consultation, examination and treatment are confidential and conducted discreetly.

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- Confidentiality of your records, unless 1) you authorize in writing the release of these records, or 2) as provided by law. You are allowed access to your records according to state and federal law; this and other rights and restrictions concerning the privacy of your records are described in the Notice of Privacy Practices
- Obtain a copy of the rules of professional conduct governing your professional's practice from the Public Documents Division, Minnesota Department of Administration, 666 Olive Street, St Paul, MN 55155 or at 651-297-3000.
- Examine public records maintained by the licensing board or agency governing the practice of the professional(s) providing service to you. Upon request, the Department Manager will provide you with the address and telephone number of the licensing board or agency.

You may assert your rights without retaliation. If you have questions about your rights, please ask your provider.

NON-DISCRIMINATION

We will not discriminate against you in the provision of care, treatment or services based on age, sex, race, color, creed, marital status, religion, national origin, disability, sexual preference, public assistance status or criminal record.

You have the right to be free from sexual harassment, sexual contact, verbal, physical or sexual abuse, and any form of exploitation by the staff treating you.

REPORTING A COMPLAINT OR GRIEVANCE

You may openly communicate your dissatisfaction, and raise questions or concerns about the service you have received at Compassionate Behavioral Health without fear. Compassionate Behavioral Health wants to know about your dissatisfaction or concerns.

If you are dissatisfied with our services, please tell one of our staff They all can assist you in resolving difficulties. If an individual staff member is unable to help you, they will involve your healthcare provider or the Director of Human Resources will attempt to resolve the problem. You can anticipate a clinic representative to contact you, to discuss your concerns, as soon as possible after filing the complaint form. If you continue to have unresolved questions or concerns, you may contact the Director of Human Resources at 612-213-2929.

You can make a complaint or file a grievance in other ways:

You may complain to the licensing board or agency governing the practice of the professional(s) providing service to you. A Department Manager can provide information regarding the procedure for filing a complaint with the respective board as well as the address or telephone number of the licensing board or agency.

You may complain to The Joint Commission (TJC). Compassionate Behavioral Health is accredited through TJC, which monitors our compliance with standards of care. You may contact them at: Office of Quality

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Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrance, IL 60181; phone: (800) 994-6610; Fax: (630) 792-5636; email: complaint@jointcommission.org. More information about the complaint process is available at www.jointcommission.org/GeneralPublic/Complaint.

You may file a discrimination complaint with the U.S. Department of Health and Human Services, Office Civil electronically through Complaint for Rights (OCR), the **OCR Portal** (ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HI-IH Building, Washington, D.C. 20201, Complaint 1-800-368-1019, 800-537-7697 (TDD). forms available are at www.hhs.gov/ocr/office/file/index.html.

CESSATION OF SERVICES - BEHAVIORAL HEALTH

We may decline or discontinue providing you behavioral health services when you are not likely to benefit from continued professional services or the services are unneeded. We may also decline or discontinue providing behavioral health services when you refuse to engage in the therapeutic process, violate program rules, or become a risk to others.

If we decline or discontinue providing you therapeutic services, we will inform you of our decision orally and in writing, and will assist you in obtaining services from another professional.

YOUR RESPONSIBILITIES

As a patient of Compassionate Behavioral Health, you have a responsibility to:

- Provide, to the best of your knowledge, accurate and complete health information.
- Tell a provider if you do not understand the information given you about your diagnosis, treatment and/or programs.
- Follow your treatment plan.
- Assure that the financial obligations of your health care are fulfilled as promptly as possible.
- Be considerate and respectful of other patients and staff.
- Express concerns about your personal safety.

Compassionate Behavioral Health 11670 Fountains Dr. Suite 200 Maple Grove, MN 55369 Phone:612-429-6714 www.compassionatebh.com

Compassionate Behavioral Health will provide care, treatment and services within its capability and mission, and in compliance with law and regulation.