



NORTON SOUND  
HEALTH CORPORATION

BEHAVIORAL HEALTH SERVICES

# YOUR RIGHTS

## YOU, AS A CLIENT, HAVE THE RIGHT TO:

- Be fully informed about the treatment programs offered by Behavioral Health Services and choose from the following services:
  - Individual Therapy
  - Family Therapy
  - Public Information and Education/Prevention
  - Urgent Care and After-Hours Care
  - Group Therapy
  - Psychological Evaluation and Testing
  - Substance Use Disorder Services
  - Referral to Psychiatric Services
  - Telehealth Services
  - Primary Care Consultations
  - Wellness and Prevention Activities
  - Case Management
- Be fully involved with your family, if you approve, in the assessment of your needs and the creation of a person-centered, individualized treatment plan, including the notification of any significant changes in your plan or services.
- Be informed of your diagnosis and the steps and services of the person-driven plan.
- Have alternative courses of treatment and the possible outcomes of care discussed with you and support persons who you approve.
- Refuse to participate in any treatment offered by Behavioral Health Services.
- Know why a requested service is not provided by Behavioral Health Services or is not clinically-appropriate for your treatment needs, and understand why the service is not offered.
- Receive assistance in accessing the clinically-appropriate treatment if the requested or required services are not provided by Behavioral Health Services. Assistance will include locating the treatment service, referring you to the service, assisting with travel, and continuing case management, if requested.
- Be provided information about the qualifications of your provider. Providers' licenses, certifications, and degrees will be posted on the walls in their offices.
- A translator, if needed or requested, to ensure your full understanding of all aspects of your treatment planning and care.
- An environment that preserves dignity, fosters humanity, and contributes to a positive self-image free from harm.
- Be informed of your right to file a grievance if you believe your care has been unprofessional or caused harm. The Grievance Process is posted and explained at your appointment. The Grievance Form is available at Behavioral Health Services and online, or you may give a verbal grievance to the Behavioral Health Services Director to be resolved. At no time will you be treated differently or unprofessionally following your use of the right to file a grievance.
- Pain management. Referrals will be made to a medical professional when pain is identified.
- Review your clinical record with your primary clinician or counselor.
- Privacy. You will never be required to participate in any research project, unless you provide written permission for this involvement.
- Services. You will not be denied services due to an inability to pay. Fees for services are based on a sliding fee scale if you do not have health insurance. Your financial status and payment source are discussed during the Intake appointment and the sliding fee scale is explained at that time.
- Confidentiality. Your clinical records and the identity are protected to the highest degree. You are expected to protect the identities of others who might be in the BHS office, in a group, or on a therapeutic outing.
- Request a written summary of your treatment including the discharge/transition plan.
- Be free of provider and department neglect, abuse, retaliation and humiliation. Abuse includes Physical, sexual, psychological and financial abuses. Financial abuses include any attempt to exploit you for financial gain. Humiliation includes embarrassing or shaming you. Neglect includes but is not limited to inattention to your physical needs, engaging in activities that remove staff from your care and failing to respond to your needs as are documented in the treatment plan.