



## OXFORD COUNTY MENTAL HEALTH SERVICES SUMMARY OF THE RIGHTS OF RECIPIENTS OF MENTAL HEALTH SERVICES

This is a summary of your rights as a recipient of community-based services under the Rights of Recipients of Mental Health Services. You have a right to obtain a full copy of the rights from this agency or from the Department of Health and Human Services, Substance Abuse and Mental Health Services, 11 State House Station-41 Anthony Ave., Augusta, Maine 04330, Tel # (207) 287-2595, TTY Users: Dial 711 (Maine Relay). If you are deaf or do not understand English, an interpreter will be made available to you so that you can understand your rights.

**1. Basic Rights:** You have the same civil, human, and legal rights which all citizens have. You have a right to be treated with courtesy and full respect for your individuality and dignity.

**2. Confidentiality and Access to Records:** You have the right to have your records kept confidential and only released with your full informed consent. You have the right to review your record at any reasonable time. You may add written comments to your record to clarify information you believe is inaccurate or incomplete. No one else can see your records unless you specifically authorize them to see it, except in instances described in the complete rights book.

**3. Individualized Treatment or Service Plan:** You have the right to an individualized plan, developed by you and your provider, based upon your needs and goals. The plan must be in writing and you have the right to a copy. The plan needs to specifically detail what everyone will do, the time frames in which the tasks and goals will be accomplished and how success will be determined. The plan must be based upon your actual needs and, if a needed service is not available, detail how your need will be met.

**4. Informed Consent:** No services or treatment can be provided to you against your will. If you have a guardian, he or she is authorized to make decisions without your consent. You have the right to be informed of the possible risks and anticipated benefits of all services and treatment, including medications, in a manner which you understand. If you have any questions, you may ask your worker or anyone else you choose before making decisions about treatment or services. If a guardian has been authorized to make decisions for you, the guardian has the right to be fully informed of all risks and benefits or proposed treatment or services.

**5. Assistance in the Protection of Rights:** You have the right to appoint a representative of your choice to help you understand your rights, protect your rights, or help you work out a treatment or service plan. If you wish a representative, you must designate this person in writing. You can have access to the representative at any time you wish, and you can change or cancel the designation at any time.

**6. Freedom from Seclusion and Restraint:** You cannot be secluded or restrained in the community setting. You can only be restrained in an inpatient setting in accordance with the procedures described in the Rights of Recipients of Mental Health Services, Part B, Section VII.

**7. Right to File a Grievance:** You have the right to bring a grievance to challenge any possible violation of your rights or any questionable practices. You have the right to have your grievance answered in writing, with reasons for the decisions. You may appeal any decision to the Office of Substance Abuse and Mental Health Services. You may not be punished in any way for filing a grievance. You cannot be retaliated against for filing a grievance. For help with filing a grievance, contact SAMHS Grievance Coordinator, (207) 287-2595, TTY Users: Dial 711 (Maine Relay), 11 State House Station-41 Anthony Avenue, Augusta, Maine 04333, or call Disability Rights Maine, 24 Stone Street, Ste. 204, Augusta Maine 04330, Tel # 1- 800-452-1948 (V/TTY).

### **8. Right to Information Regarding Licensing Deficiencies**

-Client will be fully informed of any non-compliance identified by licensing survey or complaint investigation.

-Clients and their legal representative at the time of intake will be informed survey results are public information and are available upon request.

-Clients and their legal representative will be notified by OCMHS in writing of any actions proposed or taken against the license of the organization by the department, including, but not limited to decisions to issue a Directed Plan of Corrections, decisions to issue a conditional license, refusal to renew a license, appointment of a receiver, or decisions to impose fines or other sanctions within 15 business days from the receipt by the organization of notice of action by department.

\*\*\*My rights, as stated above, have been explained to me, and I have been offered a full copy of *Rights of Recipient of Mental Health Services* at <https://www.maine.gov/dhhs/obh/support-services/rights-and-legal-issues/rights-of-recipients>. I consent to services from Oxford County Mental Health Services and I understand that child/elder abuse, neglect, exploitation must be reported as required by law.



## NOTICE OF CONFIDENTIALITY AND PRIVACY

Confidentiality and the privacy of your records are very important to us. We will do our utmost to safeguard your privacy and help you understand your rights. This notice describes how we may use and disclose information about you; your rights, including how you can get access to this information; and other duties we have. Please review this carefully.

### General Information

Information regarding your health care and substance abuse treatment is protected by Maine state regulations and by federal laws: HIPAA (regulations at 45 CFR Parts 160 and 164), the federal law related to privacy of health information; Federal substance abuse law (regulations at 42 CFR Part 2); State mental health confidentiality law (34-B M.R.S.A. § 1207) and Community Service Network law (34-B M.R.S.A. § 3608); Federal protection and advocacy agency regulations (42 CFR Part 51); and State mental health confidentiality regulations (Rights of Recipients of Mental Health Services, Part A(IX) and Rules Governing the Disclosure of Information Pertaining to Mentally Disabled Clients). The information below is drawn from these laws and other sources but does not represent legal advice or provide comprehensive answers to questions pertaining to consumer confidentiality.

OCMHS must obtain your written consent before it can disclose information about you for most purposes. You may revoke such consent in writing, except consents for the criminal justice system if you are mandated into treatment. Federal and state laws and regulations permit OCMHS to disclose specific information in certain situations without your written permission:

- Within OCMHS, that which is necessary for staff to carry out their duties
- To medical personnel in a medical emergency
- As allowed by a court order
- To report a crime committed on OCMHS' premises or against OCMHS personnel, or the threat of such a crime
- For research, audit or evaluations by agencies that regulate or fund OCMHS programs
- To report current or past suspected child abuse or neglect to appropriate authorities
- To DHHS Department representatives who need the information to do their jobs
- When OCMHS has an agreement with a business associate, such as for legal services or accounting, that information necessary to perform those services
- To prevent a serious threat to the health, safety or life of yourself or another person

### Your Rights

- You have the right to request restrictions on certain uses and disclosures of your clinical information. We are not required to agree to any restrictions you request, but if we do agree, then we are bound by that agreement and may not use or disclose any information which you have restricted, except as necessary in an emergency.
- You have the right to receive communication from us in a confidential manner. If you want us to use a phone or address other than your home, you must request this in writing. We will accommodate such requests that are reasonable.
- You have the right to inspect and obtain a copy of the clinical record maintained and created by OCMHS, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. If you request a copy of your record, we may charge a reasonable fee to cover the cost of copying and postage.
- You have the right to request an amendment of information in your record, maintained by OCMHS, that you believe is inaccurate or incomplete.
- You have the right to request and receive an accounting of certain non-routine disclosures made by OCMHS during the six years prior to your request. The disclosures include those made without written consent: those are pursuant to court orders; to report child abuse; and with a business associate for purposes other than treatment, payment or healthcare operations.
- You have the right to receive a copy of this notice.

**OCMHS' Duties**

- We are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.
- We are required by law to abide by the terms of this notice.
- We reserve the right to change the terms of this notice and to make new provisions for all protected health information we maintain. If we make an important change, we will distribute the notice to all current clients. Others may request a copy from the privacy officer. For further information contact the privacy officer.

**Complaints**

You may send your complaint to OCMHS and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Violation of the 42 CFR Confidentiality Law by program is a crime. You will not be retaliated against for filing a complaint.

Complaints may be made to:

Oxford County Mental Health Services  
Compliance Officer  
150 Congress Street  
Rumford, ME 04276  
(207) 364-3549

and/or

Dept. of Health and Human Services  
Office of Behavioral Health  
11 State House Station – 41 Anthony Ave  
Augusta, ME 04333-0011  
(207) 287-2595  
(Ask to speak to the Grievance  
Coordinator)  
TTY Users: Dial 711 (Maine Relay)