



Client and prospective clients, or legally responsible others, are entitled to the following rights when seeking publicly funded mental health services.

1. The right to receive information on available treatment options and alternatives presented in a manner appropriate to the enrollee's condition and ability to understand.
2. The right to participate in decisions regarding your healthcare including the right to refuse any proposed treatment consistent with Chapter 71.05 RCW and 71.34 RCW and CFR 438.100(iv).
3. The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
4. The right to receive appropriate quality care and treatment, employing the least restrictive alternatives available.
5. The right to receive emergent, urgent, or crisis services. **a)** For Medicaid recipients, you have a right to receive post-stabilization services following hospitalization.
6. The right to be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises.
7. The right to receive services in a barrier-free location (accessible).
8. The right to receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability.
9. The right to practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice.
10. The right to be free of any sexual harassment.
11. The right to be free of exploitation, including physical and financial exploitation.
12. The right to request a second opinion from a qualified health care professional at no cost.
13. The right to receive, at no cost to you, the services of a certified language or sign language interpreter and written materials in alternate formats to accommodate disability consistent with Title VI of the Civil Rights Act.
14. The right to be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
15. The right to plan for your care and be involved in the creation of your individual treatment plan which addresses your unique needs.
16. The right to receive direct access to mental health professionals for beneficiaries with special health care needs.
17. The right to have all clinical and personal information treated in accordance with state and federal confidentiality regulations.
18. The right to review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections. You may request a copy of your records and will be told the cost for copying.
19. The right to receive an explanation of all medications prescribed, including expected effect and possible side effects.
20. The right to expect that any research you agree to participate in will be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in WAC 388-04.

If you have questions about your client rights please call:
BRIDGES Behavioral Health Ombuds
360.692.1582/ombuds@kitsapdrc.org
1.888.377.8174
kitsapdrc.org



21. The right to choose an outpatient primary care provider at the time of enrollment, to change your primary care provider within the first 90-days and once during any 12-month period for any reason, and at any time for good cause (WAC 388-865-0345).
22. The right to choose a mental health provider for your child if your child is under 13 years of age.
23. The right to receive information about medical advance directives.
24. The right to make an advance directive, stating your choice and preference regarding your physical and mental health treatment if you are unable to make an informed decision.
25. For Medicaid recipients, the right to receive all services which are medically necessary to meet your care needs. In the event that there is a disagreement, you have the right to a second opinion from: **a)** A provider within the behavioral health organization about what services are medically necessary; or **b)** For consumers not enrolled in a prepaid health plan, a provider under contract with the Department of Social and Health Services (DSHS).
26. If you are currently receiving Medicaid benefits, you will not be billed for Medicaid covered services.
27. The right to receive a copy of agency complaint and grievance procedures upon request and to lodge a complaint or grievance with the agency or SBHO, if applicable, if you believe your rights have been violated.
28. The right to file a Fair Hearing complaint with the Department when you feel the agency has violated a WAC requirement regulating health care agencies. The right to file an administrative hearing with DSHS is available after first exhausting the SBHO grievance process.
29. The right to lodge an agency or SBHO grievance with the Ombuds' office, SBHO, or provider, if you believe your rights have been violated. If you lodge an agency or SBHO grievance, you shall be free of any act of retaliation. The Ombuds' office may, at your request, assist you in filing. The Ombuds' phone number is **1-888-377-8174**.
30. The right to have a mental health professional or SBHO agency advise or advocate for you with respect to CFR 438.102(i-iv) without SBHO restriction.
31. For Medicaid recipients, the right to receive a written Notice of Action from the SBHO if services are denied, limited, reduced, suspended, or terminated or you disagree with the plan.
32. For Medicaid recipients, the right to appeal a Notice of Action for any denial, termination, suspension, reduction of services, or disagreement with your plan of care and continue to receive services until your appeal is determined. To file an Appeal you may: **a)** Contact the Ombuds' office, or have an advocate, for assistance in filing an Appeal and throughout the Appeal process. **b)** File a SBHO Appeal with the SBHO by calling 1-800-525-5637.
33. The right to receive information about the structure and operation of the SBHO. The right to request a directory of agency providers available in the SBHO that provide alternative languages other than English.
34. The right to freely exercise any and all rights and exercising these rights will not adversely affect treatment by the provider, the SBHO or DSHS.
35. The right to request and receive policies and procedures of the SBHO and behavioral health agencies as they pertain to your rights.
36. The right to request and receive a copy of these rights.

BRIDGES is administered by
the Dispute Resolution Center
of Kitsap County for the Salish
Behavioral Health
Organization

