

**PASCUA YAQUI HEALTH PROGRAMS
STANDARDS AND PROCEDURES
PROGRAMS MANUAL: CENTERED SPIRIT**

SUBJECT: Client's Rights	STANDARD #:
DEPARTMENT: Centered Spirit Program	Page 1 of 5
APPROVED BY:	EFFECTIVE: 09/01/02 Revised: 9/01/03, 10/18/04, 03/30/09

I. STATEMENT OF PURPOSE:

To ensure CSP clients are informed of, understand, and are provided with their rights.

II. STANDARDS:

A. CSP shall ensure that:

1. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receive a written list and verbal explanation of:
 - a. The clients rights listed in subsection (B) and (C); and
 - b. If the client is an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, the rights contained in A.A.C. Title Nine, Chapter 21;
2. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation required in subsection (A) (1); and
3. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of clients rights in their own language.

B. CSP shall ensure that a client is granted the rights listed in A.R.S.36-504 through 36-517-02 which include the following:

1. Notice of client's rights; notification to family
2. Right at hearing to an analysis of their psychological condition by an independent evaluator
3. Civil rights not impaired; discrimination prohibited
4. Right to privacy and to personal possessions
5. Disposition of patient's personal property
6. Confidentiality of records
7. Right for compensation for work
8. Right for quality treatment
9. Right to emergency medical care
10. CSP policy on seclusion; restraint; treatment
11. Religious freedom

- C. A client shall be afforded the following rights:
1. The right to receive a Member Handbook at least annually from CSP;
 2. To be treated with dignity, respect, and consideration for the client's dignity and privacy
 3. To be treated with respect and due consideration and not to be discriminated against based on age, diagnosis, disability, gender, marital status, national origin, race, religion, sexual orientation, or source of payment;
 4. To receive treatment that:
 - a. Strengthens and respects the client's individuality, choices, strengths and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's approval; or as permitted in this chapter; and
 - c. Is offered in the least restrictive environment that meets the clients treatment needs;
 4. Freedom to exercise the client's civil rights and that the exercise of those rights does not adversely affect the way the behavioral health recipient is treated, unless the client has been adjudicated incapable or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
 5. Submit grievances to CSP staff members and complaints to outside entities and other individuals without limitation or retaliation;
 6. To have grievances reviewed by CSP in a rational, timely and unbiased manner;
 7. To look for, converse to, and be assisted by legal guidance of the client's choice, at the client's cost;
 8. Access to self-help and advocacy support services;
 9. To receive help from a family member designated representative or other individual in comprehending, protecting, or implementing the client's rights;
 10. If registered by the Department or regional behavioral health authority as an individual who is seriously mentally ill, to get assistance from human rights advocates provided by the Department or the Department's designee in comprehending, protecting and administering the client's rights;
 11. To keep the client's records and information confidential and released only as permitted under R9-20-211 (A)(3) and (B);
 12. Privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without approval, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. 36- 507(2);
 - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37;
 - c. For video recordings used for security reasons that are maintained only on a temporary basis;
 13. To review, upon written request, the client's record during the agency's hours of function or at a time arranged by the clinical director, except as described in R9-20-211(A)(6);

14. The right to request or receive a copy of his/her medical records and request that they be amended or corrected;
15. To review the following at CSP or at the Department:
 - a. This Chapter (A.A.C. Title 9, Chapter 20);
 - b. The report of the most current inspection of the grounds conducted by the Department;
 - c. A strategy of improvement in effect as required by the Department;
 - d. If CSP submitted a report of inspection by a nationally recognized accredited agency in lieu of having an inspection conducted by the nationally recognized accredited agency; and
 - e. If the CSP has submitted a report of inspection by a nationally recognized accreditation agency before having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
16. To be aware of all fees that the client is required to pay and of the CSP's compensation policies and procedures before getting a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis condition;
17. To consent to treatment, unless care is ordered by a court of competent jurisdiction, after receiving a verbal clarification of the client's state and the proposed treatment, including the intended result, the nature of the proposed treatment, any actions involved in the proposed treatment, any risks or side effects from the proposed treatment, and any substitutes to the proposed treatment;
18. To participate in decisions regarding the client's healthcare, treatment planning, and the composition or members of the treatment team;
19. To receive information on available treatment options and alternatives presented in a manner appropriate to the client's condition and ability to understand;
20. To be proposed or referred for the treatment specified in the client's treatment plan;
21. To make an advance directive;
22. To receive a referral to another agency if the agency is not capable of providing a behavioral health service that the client desires or that is specified in the client's treatment plan;
23. To receive information about how after-hours and emergency coverage is provided, and the processes for obtaining emergency services including the use of the 911 telephone system or local emergency numbers.
24. To refuse treatment or withdraw approval to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health;

25. To be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. humiliation
 - g. Retaliation for submitting a compliant to the Department or another entity;
 - h. Discharge or transfer, or threat of dismissal or relocation, for reasons unrelated to client's treatment needs, except as recognized in a fee agreement signed by the client or the client's parent, guardian, custodian, or agent;
 - i. Treatment that denies the following:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - j. Seclusion or restraint used as a means of coercion, discipline, convenience, or retaliation;
20. To have the client's parent, guardian, custodian or agent take part in treatment decisions and in the development and periodic analysis and modification of the client's treatment plan;
21. To control the client's finances except as provided by A.R.S. § 36-507(5);
22. To partake or decline participation in religious activities;
23. To refuse to carry out labor for an agency, except for housekeeping activities and activities that preserve health and personal hygiene;
24. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
25. To engage or decline involvement in research or experimental treatment.
26. To agree in writing, refuse to consent, or withdraw written consent to take part in research or treatment that is not professionally accepted treatment;
27. To refuse to recognize gratitude to the agency through written accounts, other media, or speaking engagements at public assemblies;
28. To receive behavioral health services in a smoke-free facility, although smoking may be allowed outside the premises.
29. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and to receive, at the time of discharge or transfer, recommendations for any treatment needed when the client is discharged.
30. CSP's Compliance with other federal and state laws (Title VI of the Civil Rights Act, Age Discrimination Act, Rehabilitation Act, Titles II and III of the Americans with Disabilities Act)

III. Procedures

- A. CSP shall follow all standards listed above. The staff member completing the intake process shall read the client rights form to client and their legal guardian. Client shall receive a copy of the client rights and sign form that states that their rights have been mentioned and explained. For client's who are seen at CSP for more than one year, annually, they will be provided with a copy of the client's rights form.

A.A.C. Title 9, Chapter 20

A.R.S. 36-504 through 36-517-02

Client's Right Form

Grievance Forms