# **Bill of Rights**

When you receive any type of service for mental health, alcoholism, drug abuse, or a developmental disability you have the following rights under Wisconsin Statute sec. 51.61(1) and HSS 94 Wis. Administrative Code: Each service provider must post this bill of rights where anyone can easily see it. Your rights must be explained to you. You may also keep this pamphlet.

# **Personal Rights**

- You must be treated with dignity and respect, free of any verbal or physical abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You can decide whether you want to participate in religious services.
- You cannot be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid.
- You can make your own decisions about things like getting married, voting and writing a will.
- You cannot be treated differently because of your race, national origin, sex, age, religion, disability or sexual orientation.
- Your surroundings must be kept safe and clean.
- You must be given the chance to exercise and go outside for fresh air regularly and frequently.

## **Treatment and Related Rights**

- You must be provided with prompt and adequate treatment, rehabilitation and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment.
- You must be informed of your treatment and care, including alternatives and possible side effects of medications.

- No treatment or medication may be given to you without your consent, <u>unless</u> it is needed <u>in an</u> <u>emergency</u> to prevent serious physical harm to you or others, <u>or a court orders it</u>. [If you have a guardian, however, your guardian can consent to treatment and medications on your behalf.]
- You must not be given unnecessary or excessive medication.
- You cannot be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed of any costs of your care and treatment that you or your relatives may have to pay.
- ∫ You must be treated in the least restrictive manner and setting necessary to safely and appropriately meet your needs.
- You may not be restrained or placed in a locked room (seclusion) <u>unless in an emergency</u> when it is necessary to prevent physical harm to you or to others.

# **Communication and Privacy Rights**

- You may call or write to public officials or your lawyer or advocate.
- You may not be filmed or taped unless you agree to it.
- You may use your own money as you choose, within some limits.
- You may send and receive private mail [Staff cannot read your mail unless you or your guardian asks them to do so. Staff may check your mail for Contraband. They can only do so if you are watching.]
- $\int$  You may use a telephone daily.  $\Pi$
- $\int$  You may see (or refuse to see) visitors daily.  $\Pi$
- ∫ You must have privacy when you are in the bathroom. П
- You may wear your own clothing П

- You must be given the opportunity to have your clothes washed  $\Pi$
- You may keep and use your own belongings  $\Pi$

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You must be given a reasonable amount of secure storage space  $\Pi$ 

Some of your rights may be limited or denied for treatment or safety reasons: See the rights with a  $\Pi$  after them. Your wishes and the wishes of your guardian should be considered. If any of your rights are limited or denied, you must be informed of the reasons for doing so. You may ask to talk with staff about it. You may also file a grievance about any limits of your rights.

## **Record Privacy and Access Laws**

Under Wisconsin Statute sec. 51.30 and HSS 92, Wisconsin Administrative Code:

- Your treatment information must be kept private (confidential).
- Your records cannot be released without your consent, unless the law specifically allows for it.
- You can ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you can see of the rest of your records while you are receiving services. You must be informed of the reasons in the grievance process. After discharge, you can see your entire record if you ask to do so.
- If you believe something in your records is wrong, you can challenge its accuracy. If staff will not change the part of your record you have challenged, you can put your own version in your record.

## **Right of Access to Courts**

- You may sue someone for damages or other court relief if they violate any of your rights.
- Involuntary patients can ask a court to review the order to place them in a facility.

### Key:

Rights with a  $\Pi$  after them may be limited or denied for treatment or safety reasons:

Rights designated with a  ${\textstyle \int}$  generally apply to inpatient and residential settings.

## **Grievance Resolution Process**

- If you feel your rights have been violated, you may file a grievance.
- You, a parent, or someone acting on your behalf may file a complaint.
- You cannot be threatened or penalized in any way for filing a grievance.
- The service provider or facility must inform you of your rights and how to use the grievance process.
- You may, at the end of the grievance process or at any time during it, choose to take the matter to court.

#### Step 1 - (Optional) Informal Discussion

Rather than file a formal grievance, you may request an informal discussion of your complaint with the staff and/or manager of the program with which you have the complaint.

#### **Step 2 – Program Level Review**

Within 45 days of the incident, a written complaint must be filed with the agency with which you have the complaint. If you need assistance in preparing your complaint, you may contact the Dane County Behavioral Health Client Rights Specialist at <u>BHClientRights@danecounty.gov</u> who can assist in the formal resolution of your grievance.

After an investigation of the facts of the dispute by the program's Client Rights Specialist, the Client Rights Specialist will prepare a written report that determines whether the grievance is founded or unfounded. Unless the grievance is resolved informally, the Client Rights Specialist will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.

If you do not agree with the outcome of the Client Rights Specialist report you can appeal the decision to the provider's program manager within 14 days of receiving the report.

#### Step 3 – Administrative Review by Dane County

Within 14 days of the Step 2 decision, the person making the complaint may request that Dane County review the program manager's decision. The Director of the Department of Human Services, or her designee, will review the Program Manager's decision, gather additional information as necessary and prepare a summary report. Dane County will issue an administrative decision within 30 days of receiving the request for administrative review.

# Step 4 – Review of County Decision by the State of Wisconsin

Within 14 days of Dane County's administrative decision, a person may file a request for review by the State of Wisconsin Grievance Examiner (c/o Wisconsin Department of Health Services, Division of Care and Treatment Services, 1 West Wilson Street, P.O. Box 7851, Madison, WI 53707-7851). The Grievance Examiner will review the county's decision, gather additional information as necessary and issue a decision within 30 days of receiving the request for state review.

#### Step 5 – Final State Review

The Grievance Examiner's decision will describe the process and time limits for requesting final state review. A final state review decision will be made within 30 days of receiving the request for final state review.

Note: The timeframes stated above can be extended by agreement of all parties and are shorter if one or more people are at significant risk of physical or emotional harm due to the circumstances identified in the complaint.

## **Additional Rights**

You may have additional rights under the specific program in which you participate. These programs include, but are not limited to, the Community Options Program (COP), Medicaid Waiver programs (COP-W, CIP), Family Support Program and Birth to Three programs. Descriptions of rights are available by contacting these programs directly.

Dane County Client Right Specialist Behavioral Health 1202 Northport Dr. Madison WI 53704 <u>BHClientRights@danecounty.gov</u> Fax: 608-242-6531 Phone: 608-242-6200 S/HS/Shared/NPO Public/Genter

# YOUR RIGHTS and the GRIEVANCE PROCEDURE



Dane County Department of Human Services Behavioral Health

> 1202 Northport Drive Madison WI 53704 608-242-6200