

Patient Name: _____

Coastal Mental Health Center

PATIENT BILL OF RIGHTS

1. You have the right to considerate and respectful care and treatment, which at all times respects your personal dignity and is rendered without discrimination because of race, religion, sex, handicaps or national origin.
2. You have the right to consent to or refuse any services after the explanation of consequences of either choice has been explained.
3. You have the right to individualized assessment and treatment including periodic review and active participation.
4. You have the right to receive from your doctor/therapist information necessary for you to give informed consent for any of the following procedures:
 - a) Voluntary admission to the Program;
 - b) The release of confidential information;
 - c) The utilization of unnecessary or excessive medication
 - d) Participation in any research project
 - e) Your transfer to another facility
 - f) After care plans

Except in emergency situations, such information should include the specific procedure and or treatment, the medically significant risks involved and the probable duration of your treatment, and the name of the person responsible for the services or treatment modalities.

5. You have the right to personal privacy within your individual treatment plan.
6. You have the right to expect that all communications and records pertaining to your care will be treated as Confidential (Read Attached HIPPA Notice for Records Privacy Information). Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in your care must have your permission to be present.
7. You have the right to be transferred or discharged only for medical reasons, for your welfare or that of other patients. You will be given reasonable notice of such a transfer or discharge to ensure its orderliness. Such notice and actions will be documented in your Medical Records.
8. You have the right to report an abuse.

ABUSE HOT LINE 1-800-962-2873 (96-ABUSE)
Florida Abuse Registry 1 800-96 ABUSE or (800) 342 9152
Florida Local Advocacy Council 1 800 342 0825
Advocacy Center for Persons with Disabilities 1 800 342 0823

 - a) Abuse procedures and telephone numbers are posted.
 - b) Any difficulties in reading this number should be reported to your therapist.
9. You have the right to be informed of your rights as a patient in language understandable to you, including receiving this sheet or some other written description of your rights as a patient.
10. You have the right to file a petition for a writ of habeas corpus or for redress of grievances to question the cause and legality when your rights have been abused.
11. You have the right to an attorney, or any outside professional concerning any issue related to your treatment at your own expense.
12. You have the right to review your patient record with your therapist at a prearranged time. (submit in writing and psychotherapy notes are excluded).
13. If you feel that any of your rights are being violated or denied, please contact the Patient Advocate.

These rights have been explained to me by a staff member of the COASTAL MENTAL HEALTH CENTER and I acknowledge my understanding of them by my signature below.

Patient/Legal Guardian Signature

Date

CONFIDENTIALITY STATEMENT: The information contained in this facsimile is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, please be notified any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please do not disclose this communication to any other person. Please notify us immediately by telephone and return the original to us at the address indicated above.