**CONSUMER RIGHTS**

915-201-0199

1-800-948-1824 (MHID)

La Mente Hotline

Disability Rights Texas

1-800-458-9858

For Abuse, Neglect or Exploitation

Contact: Department of Family and Protective Services 1800-647-7418

El Paso, Texas 79903

(DADS) Consumer Rights & Services

811 Chelsea Suite B

Department of Aging and Disability Services

Natasha Rivera, Client Right Advocate

Dear Consumer,

This is to inform you of your rights and how to access your records with La Mente Behavioral Health. This notice contains a patient’s rights section describing your rights under the law. You are ascertaining by your signature, that you reviewed our notice before signing this consent.

**.** You have a right to file a complaint (brochure of client rights available at front desk)

**.** You have a right to Individual Responsibilities.

**.** You have a right to your case records, upon request

**.** You have a right to be notified and informed when changes are made to the program

**.** You have a right to be treated with dignity and respect

**.** You and your family have a right to be provided with information/education in the language of your choice.

**.** You have a right to appoint a relative or surrogate when you are incapacitated to request an advance directive.

**.** You have a right ti designate a relative or surrogate to deliver and execute your established advance directive. We will comply.

**.** You have the right to restrict how we use your protected health information. We are not required to agree with this restriction, but we will honor it.

**I understand that I can request a review of services if I am dissatisfied, have any concerns or found ineligible for services.**

The process to do this has been explained to me as follows:

1. To request a review of my concerns or the decision to modify services, I can contact the Clients Rights Advocate of any other La Mente Staff verbally, or in writing.
2. I can grant consent to whom I choose to be with me during a review or inquire about changes.
3. I will have the opportunity to express my concerns in person, in writing, by phone or have a representative speak with e the reviewers on my behalf.

Consumer/ Lar signature: Date: / /