

Client Name:

Clinician Name:

The following is a summary of your rights as a recipient of outpatient (nonresidential) services under the Rights of Recipients of Mental Health Services. Health Affiliates Maine has provided a copy to you of the Rights of Recipients of Mental Health Services booklet from the DHHS, 11 State House Station, Augusta, ME 04333 (For Adults 287-8901, For Children <http://www.maine.gov/dhhs/ocfs/cbhs/policy/rights.shtml>, or TTY 287-2000). If you are deaf or do not understand English, an interpreter will be made available to assist you understanding your rights.

1. **Basic Rights.** You have the same civil, human and legal rights, which all citizens are entitled. You have the right to be treated with courtesy, respect and dignity.
1. **Right to Confidentiality and Access to Records.** You have the right to have your records kept confidential; to be released only with your informed and signed consent. (Specific circumstances where the agency can release or share information as described in the Rights book.) You have the right to review your record at any reasonable time and to add written comments to clarify information you believe is inaccurate or incomplete.
1. **Right to an Individualized Treatment Service Plan.** You have the right to a written service plan, developed by you and your worker, based on your needs and goals. The plan must: be based on your actual needs, identify how a need will be met if the service is not available; include tasks to be completed and by whom; time frames for accomplishment of tasks and goals; and criteria to determine success. If you do not agree with the plan, you have the right to request and receive a second opinion. You have a right to a copy of the plan.
1. **Right to Informed Consent.** No service or treatment can be provided to you against your will. You have the right to be informed of possible risks and anticipated benefits of all services and treatment. You may designate a representative who is authorized to help you understand and exercise your rights, help you make decisions, or to make decisions for you. The guardian also has the right to be fully informed.
1. **Right to File a Grievance and Appeal.** You have the right, without retribution, to grieve any violation of your rights or a questionable practice. You have the right to a written response, including reasons for the decision. You may appeal any decision to the Department of Health and Human Services. For assistance contact: Office of Advocacy, 60 State House Station, Augusta, Maine 04333 (287-2205) or Disability Rights Center, P.O. Box 2007, Augusta, Maine 04330 (1-800-452-1948).

My signature acknowledges that I understand my rights. I have received a copy of this summary and a full copy of the Rights of Recipient Handbook has been offered to me.

Client: _____

Date: _____

Guardian: _____

Date: _____

Clinician:

Date:
