

Legacy Behavioral Health Services

Individual Rights and Responsibilities

Services to individuals must be given without discrimination based on political affiliation, religion, race, color, gender, mental or physical handicap, national origin, or age.

Individual Served Rights

I have the right to reasonable access to care, regardless of race, religion, gender, sexual orientation, national origin, age, disability, or ability to pay.

I have the right to receive information in a manner and language that I can understand regardless of my primary language, hearing status or communication fluency.

I have the right to considerate and respectful care with recognition of my personal dignity, values, and beliefs and to be informed of any of the organization's rules and regulations that may apply to me.

I have the right to receive information to assist me in participating in and making decisions about my care. If I am a minor, my parents or guardians have the right to receive information and participate in making decisions about my care. I understand that a plan of care will be developed by my service providers with my input, based on my strengths, needs abilities, and preferences, reviewed periodically, and implemented by qualified and competent service providers. I have the right to refuse any service, treatment, or medication to the extent permitted by law.

I have the right to individualized, humane, and quality services in the least restrictive setting free of any type of abuse or neglect and understand that I will be kept free of physical restraint or seclusion unless an emergency requires such. I have the right to receive services that protect my health and safety.

I have the right to be informed of the program's complaint policy and procedures and the right to submit complaints without fear of discrimination or retaliation and have them investigated by the program as outlined in the consumer complaint process. I have the right to participate in the consideration of any ethical issues that may arise during my care

I have the right to personal privacy and to have my information kept confidential. I have the right to receive a copy of the Notice of Privacy Practices of Legacy Behavioral Health Services, wherein these rights are described including my right to review my records, request copies of my records, and certain conditions under which information may be released without my consent.

I have the right to have someone act as my representative and make decisions on my behalf if I am unable to do so if I have signed a release of information or have a durable healthcare power of attorney and psychiatric advance directives. I have the right to obtain assistance completing a Psychiatric Advanced Directive and to have it filed in my medical record.

I have the right to exercise all civil, political, personal and property rights to which I am entitled as a citizen including private conversation, reasonable access to a telephone, uncensored mail, visitors, retaining my personal property unless it jeopardizes the safety of others, and to have that property treated with respect. I have the right to remain free from the withholding of basic necessities such as nutrition, nutritional care, clothing, shelter, rest, or sleep.

I have the right to request a copy of the most recently issued licensing inspection report for the residential program in which I am residing.

I have the right to receive services in a safe environment and to be made aware of the agency's safety protocols.

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Individual's Responsibilities

I have the responsibility to share pertinent information with my service providers including treatment changes in my address, phone number, symptoms, supports, or anything that would help me be successful in treatment.

I have the responsibility to be considerate and respectful of others including their privacy and share my personal values and beliefs that need consideration.

I have the responsibility to abide by any rules and regulations that may apply to me and act appropriately.

I have the responsibility to participate in the development of my service plan, adhere to my recovery plan and recommended services. I understand if I do not adhere to my recovery plan and recommended services, I may be discharged from receiving services.

I have the responsibility to notify my service provider of any ethical issues that arise including if I have been abused or neglected and I have the responsibility to file a complaint if I feel my rights have been violated.

I have the responsibility to understand that all information regarding me is kept confidential unless I sign a release of information or one of the conditions are met for the release of information without my consent. I have the responsibility to make a written request, if I choose, to review my record.

I have the responsibility to designate a representative decision-maker if I have given written consent for another person to be involved in my treatment or if I have a durable healthcare power of attorney and become unable to make treatment decisions as needed or to notify my provider of any incompetence or legal actions.

I have the responsibility to notify my service provider if I am concerned about my health and safety, and to follow all of LBHS health and safety rules.

I have the responsibility to ask questions about any aspect of my illness, condition, or need for services and to make decisions to either comply or refuse medications or services.

I have the responsibility to understand that weapons, guns, illegal drugs, and alcohol are NOT permitted on LBHS property. I understand that law enforcement will be called if violated.

I have the responsibility to follow the LBH rules and regulations affecting my care and conduct, including the Tobacco Related Products Free Environment Policy.

If at any time I feel that my rights have been violated or if I have any concerns or questions, I may contact:

- Heather Hatchett Chairperson, Consumer Rights, Responsibilities and Ethics Committee 3120 N. Oak St. Ext. Ste. C, Valdosta, GA 31602 229-671-6109

- Department of Community Health 2 Peachtree Street, NW, Atlanta, GA 30303 404-656-4507

- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Office of External Affairs, 2 Peachtree Street, 24th Floor, Atlanta, GA 30303 404-657-5964

I have read, reviewed, and understand the individual rights and responsibilities.

Individual Signature / Date

Staff Signature / Date