



Southwestern Behavioral Healthcare, Inc.

We guarantee our patients these rights:

TREATMENT

1. You have the right to an individual plan for treatment and will be expected to participate in your plan for treatment.
2. You have the right to know the name and professional credentials of anyone working with you.
3. You may review, upon written request, your patient record with your therapist.
4. You will be advised of the positive effects and possible complications of any medication prescribed by any physician involved in your treatment.

DISCRIMINATION

1. Services will be provided to you and/or your family members without discrimination. Ethnic background, personal or social creed, sexual orientation, disability, race, sex, religion, or age will not affect our services to you.
2. You will not be refused services based on lack of or limited personal financial resources. You are, however, expected to pay the fee agreed upon based on our sliding fee scale. We will be sensitive to the costs to you for loss of work time and will attempt to keep it at a minimum.
3. No physical barriers will preclude treatment.
4. Services will be provided with a minimum of waiting time. Office hours will be reasonably convenient to all patients requesting services.

CONFIDENTIALITY

1. All information concerning you is held confidential and released only through procedures consistent with the law and professional ethics. (Your records, however, may be subpoenaed and released to the courts without your permission.)
2. You have a right to approve any information being requested by another provider giving services to you. You must sign a release for any such information sent.
3. In order to provide you with the best services available, your case may be reviewed by other Southwestern staff members to formulate an appropriate plan of treatment.

SOUTHWESTERN RESPONSIBILITIES

1. Assign a therapist.
2. Maintain a record of your treatment.
3. Make referrals to other service agencies, if needed.
4. Bill for services either directly or through insurance or other third-party payers.
5. Communicate with Court officials, as mandated by statute, rule, or Court decision.
6. Communicate, with your written consent, with the agency or person who referred you.
7. Determine the appropriateness or benefit of Southwestern services for you, including the right to refer or recommend you elsewhere.
8. Inform you of your rights in a language that you understand.

COMMENT PROCEDURE

1. If you have a comment, complaint, or suggestion about our services, you may present your concern in person or in writing, to your therapist or your therapist's immediate supervisor.
2. You may also direct your comments or questions about services, treatment, rights, and policies to the Consumer Service Line maintained by the Indiana Division of Mental Health and Addiction: 1-800-901-1133. If concerns are not satisfactorily addressed, you may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1-800-994-6610 or emailing complaint@jointcommission.org.
3. You have the right to legal recourse. You have a right to confer with family, attorney, physician, clergyman, and others at any time.

MUTUAL RESPONSIBILITIES OF SOUTHWESTERN AND PATIENT

1. Decide on the type of treatment.
2. Provide and participate in treatment as medically necessary.
3. Involve family members or significant others in treatment.
4. Determine when treatment should be terminated.

CIVIL RIGHTS

1. You have the right to be treated with dignity and respect.
2. You retain all rights, benefits, and privileges guaranteed by law.
3. You have the right to send and receive unedited mail if you are in a residential facility.