



IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

Patients' Rights and Responsibilities



*Imperial County Behavioral
Health Services*

1 (442) 265-1525 or
1 (800) 817-5292

**LARGE PRINT
BROCHURE**

Persons with mental illness have the same legal rights and responsibilities guaranteed all other persons by the federal constitution and laws, and the constitution and laws of the state of California, unless specifically limited by federal or state law or regulations.

California Welfare and Institutions Code 5325.1

You have the right to:

- Access to service and grievance (complaint) procedure information 24 hours a day.
- Timely access to care, including making services available 24-hours a day, 7 days a week, when medically necessary to treat an emergency psychiatric condition or crisis condition.
- Respectful treatment by mental health

1-442-265-1543 or 1-800-539-8868.

- California Relay Service (CRS): 711 (TTY or Voice) or TTY 1-800-855-7100
- American Sign Language Services are available for clients with speech and/or hearing impairments. To schedule an appointment for this service, you may call 1-800-817-5292, or TDD/TTY 1-442-265-1543 or 1-800-539-8868.

For assistance (help) or information, you may contact :

Patients' Rights Advocate
at: 1(442) 265-1561 or 1(800)817-5292

7/2022

service providers, agency, clinic and hospital staff members and with due consideration for your dignity and privacy.

- Service that is easy to access and provided in a safe, comfortable inviting environment.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Consent to treatment after receiving adequate information about treatment and prescribed medication.
- Participate in decisions regarding your mental health care, including the right to refuse treatment.
- Participate in planning your own treatment, in developing a treatment plan that includes the goals of treatment and the services that you will receive.

- Be free from any form of restraint or seclusion used as means of coercion, discipline, convenience, punishment or retaliation as specified in federal rules about the use of restraints and seclusion in facilities such as hospitals, nursing facilities and psychiatric residential treatment facilities where you stay over night for treatment.
- Request to receive a copy of your medical records, and request that they be amended (changed) or corrected.
- Confidential care and record keeping.
- Consideration of a problem or concern about services.
- Request a change of practitioner (MD, nurse, therapist, MHRT), a second opinion, or a change in level of care.

Free Language Assistance and Interpretative Services

Interpretive services for Spanish speaking clients are provided by bilingual staff and through Language Line Solutions services in all our Programs and Clinics.

- Interpretive services in other languages are available through the Language Line Solutions services.
- If you prefer you may choose to have a family member or friend as an interpreter. However, it is not required for you to provide your own interpreter.
- Minor children should not be used as interpreters.

The following services for the speech and/or hearing impaired are available Monday through Friday from 8:00 am to 5:00 pm.

- TDD/TTY can be accessed by calling

your records. That means that staff and service providers cannot tell people outside the Department any information that you have shared with them. Your information can only be released (shared) if you give your permission in writing, or if the court or regulation authorizes the Department to do so.

Your Responsibilities:

- Give honest and complete information about your mental health needs
- Take an active part in your mental health treatment
- Keep your appointments as scheduled or call if you cannot keep your appointment
- Work on treatment goals with your provider and/or treatment staff
- Treat others with respect and dignity

- File a grievance (complaint), appeal or request a State Fair Hearing after the appeal process has been completed.
- With your written permission, have family members talk to the practitioner about your treatment.
- With your written permission, authorize a person to act in your behalf during the grievance (complaint), appeal or State Fair Hearing.
- Receive services that are culturally competent, sensitive to language, to cultural differences and ethnic backgrounds. Note: Request to use culture-specific practitioners will be honored when possible.
- With your written permission, authorize a provider to act in your behalf

during the grievance or appeal process.

- Free oral interpretative services for beneficiaries who speak other languages.
- Free American Sign Language services for beneficiaries who are speech and/or hearing impaired.
- To receive a copy of the Medi-Cal Mental Health Services booklet which provides information about the services covered by Imperial County Behavioral Health Services (ICBHS), other obligations of ICBHS and your rights. You also have the right to receive all information provided to you by ICBHS in a form that is easy to understand.
- To receive the Guide to Medi-Cal Mental Health Services booklet in alterna-

tive formats and in an appropriate manner that takes into consideration the special needs of those who are blind or have limited vision or people who have trouble reading.

- Receive specialty mental health services from ICBHS that follow the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

About Confidentiality

As a client of Imperial County Behavioral Health Services you have the right to have your mental health information kept confidential (private), including