

**Beloit Health System
COUNSELING CARE CENTER
DESCRIPTION OF PATIENT RIGHTS**

The following is a brief summary of your rights as a patient treated in the Counseling Care Center. Please feel free to ask questions about your rights at any time during meetings with your treatment providers or other Counseling Care Center staff.

1. You have the right to be informed of your treatment plan including:
 - a. Possible outcomes and side effects of treatment recommended in the treatment plan.
 - b. Treatment recommendations and benefits of the treatment recommendations.
 - c. Approximate duration and desired outcome of recommendations in the treatment plan.
 - d. The rights of the patient receiving outpatient mental health services, including the patient's rights and responsibilities in the development and implementation of an individual treatment plan.
 - e. The outpatient mental health services that will be offered under the treatment plan.
 - f. The nature of care, procedures and treatment that you will receive.
 - g. Potential treatment risks, including potential adverse affects of medication.
 - h. Treatment alternatives.
 - i. The time period for which you will provide informed consent for treatment, which is one year, unless otherwise specified.
 - j. The right to withdraw your informed consent at any time, in writing.
 - k. Under what circumstances you may be involuntarily discharged from care, and resulting referral needs.
2. You have the right to treatment in the least restrictive setting available, consistent with your and others' safety and your health and well-being.
3. You have the right to receive prompt and adequate treatment.
4. You have the right to refuse medication, unless ordered by a court.
5. You have the right to request a second opinion of a consultant, at your expense (or as covered by your public or private insurance) if you do not agree with any or all of your treatment plan.
6. You have the right to review your treatment records with your treatment provider(s).
7. You have the right to confidential treatment except as otherwise provided by law.
8. You or your guardian may inspect or receive a copy of your treatment records and challenge any inaccuracies. Records will be copied without a due delay only upon your written request.
9. You have a right to know the fees you will be expected to pay for services.
10. You have a right to be informed of means to obtain emergency mental health services during periods outside the normal operating hours of the clinic.
11. You have the right to file a grievance concerning any aspect of your treatment, and to have your grievance investigated.
12. You have the right to be provided assistance in exercising your rights if you request it.

I understand these rights and have received a copy of this document. I understand that I may contact Greg Ammon, clinic Director at 364-5686 or Julie Riese, Beloit Memorial Hospital patient representative at 363-5745, for patient grievance or advocacy needs.

Patient Signature

Date

Parent/Guardian Signature

Date