

Ocean Way Mental Health Agency

Rights of Recipients of Mental Health Services

Adult Mental Health - Rights of Recipients Summary in English

This is a summary of your rights as a recipient of services under the Rights of Recipients of Mental Health Services. You have a right to obtain a full copy of the Rights from this agency or from the Department of Behavioral and Developmental Services, 40 State House Station, Augusta, Maine 04333, Tel: 287-4200 (VL 287-2000 (TTY). If you are deaf or do not understand English, a qualified interpreter will be made available at no charge so that you can understand your rights and understand your treatment. Please initial each section in the space provided after it has been explained to you.

1. Basic rights. You have the same civil, human, and legal rights which all Maine residents have. You have a right to be treated with courtesy and full respect for your individuality and dignity. _____ Initials
2. Confidentiality and Access to Records. No one else can see your record unless you specifically authorize them to see it, except in instances described in the complete Rights book. You may add written comments to your record to clarify information you believe is inaccurate or incomplete. You have the right to review your record at any reasonable time. _____ Initials
3. Individualized Treatment or Service Plan. You have the right to an individualized plan developed by you and your worker, based upon your needs and goals. The plan must be in writing and you have the right to a copy of it. The plan needs to specifically detail what everyone will do, the time frames in which the tasks and goals will be accomplished and how success will be determined. The plan must be based upon your actual needs and, if a needed service is not available, detail how your need will be met. _____ Initials
4. Informed Consent. No services or treatment can be provided to you against your will, unless you have a guardian who has consented, there is an emergency, or a special hearing about your treatment has occurred. You have the right to be informed (or if under guardianship, the guardian has the right to be informed) of the possible risks and anticipated benefits of all services and treatment, including medications, in a manner which you understand. If you have any questions, you may ask your worker or anyone else you choose before making decisions about treatment or services. _____ Initials
5. Assistance in the Protection of Rights. You have the right to appoint a representative of your choice to help you understand your rights, protect your rights or help you work out a treatment or service plan. If you wish a representative, you must designate this person in writing. You can have access to the representative at any time you wish and you can change or cancel the designation at any time. _____ Initials
6. Freedom From Seclusion and Restraint. You cannot be secluded or restrained in an outpatient setting. _____ Initials
7. Right to File a Grievance. You have the right to bring a grievance to challenge any possible violation of your rights or any questionable practices. You have the right to have your grievance answered in writing, with reasons for the decisions. You may appeal any decision to the Division of Mental Health. You may not be punished in any way for filing a grievance. For help with grievances, you may contact the Office of Advocacy, 60 State House Station, Augusta, Maine 04333, Tel: 287-4228 (V), 287-1798 (TTY) or Disability Rights Center, P.O. Box 2007, Augusta, Maine 04338-2007, Tel: 1-800-452-1948 (V/TTY). _____ Initials

I have received a copy of the summary of the Rights of Recipients of Mental Health Services.

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____

