



## Behavioral Health | Developmental Disabilities Emergency Housing | Public Health

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### RIGHTS FOR CLINICAL INDIVIDUAL

Adams County Integrated health Care Services is committed to and is required by law to provide each patient service's that protect their rights and ensure an individual's rights are protected in compliance with chapters, 70.96A, 70.02, 71.05, 71.12, and 71.34 RCW.

**As a consumer of this agency you are assured that you will have the right to:**

- a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
- b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
- c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
- d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
- e) Be free of any sexual harassment;
- f) Be free of exploitation, including physical and financial exploitation;
- g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
- h) Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
- i) Receive a copy of agency grievance system procedures upon request and to file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated; and
- j) Lodge a complaint with the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.

**IHCS ensures the applicable individual participant rights described in this section are:**

- a) Provided in writing to each individual on or before admission;
- b) Available in alternative formats for individuals who are blind;
- c) Translated to the most commonly used languages in the agency's service area;
- d) Posted in public areas; and
- e) Available to any participant upon request.

IHCS ensures all research concerning an individual whose cost of care is publicly funded is done in accordance with chapter 388-04 WAC, protection of human research subjects, and other applicable state and federal rules and laws.

In addition to the requirements in this section, ensures an individual seeking or participating in behavioral health treatment services, or the person legally responsible for the individual is informed of their Medicaid rights at time of admission and in a manner that is understandable to the individual or legally responsible person.

The grievance system rules in WAC 388-877-0654 through WAC 388-877-0675 apply to an individual who receives behavioral health services funded through a federal Medicaid program or sources other than a federal Medicaid program.

IHCS ensures all clients be fully informed and be given a copy of Counselor Disclosure.

You have the right to ask for a fair hearing if you disagree with any action affecting your eligibility for services or benefits. You have ninety (90) days from the date you receive notice of the action to ask for a fair hearing. You may request a fair hearing by writing to the: Office of Appeals, PO Box 2465, Olympia, Washington 98507-2465.

The following addresses and telephone numbers are provided to all mental health consumers to help insure that they have a clear understanding of "Individual Rights". Individual Rights are explained to each individual consumer during the intake interview. If, for any reason, you as a consumer, would have any questions or require further clarification of your rights as a consumer, we encourage you to contact and discuss those concerns with one of the following mental health advocacy organizations.

***OMBUDS SERVICES***

1336 S. Pioneer Way  
Suite 103  
Moses Lake, WA 98837  
Call: 1-800-346-4529  
Fax: 1-800-833-6388

***Washington Alliance for Mentally Ill***

638 Payton Building  
Spokane, WA 99201  
(509) 838-5515

**To file a complaint if you believe any of your rights have been violated you can:**

- Obtain the grievance procedure from the receptionist or your counselor,
- Complete and return the written grievance either by mail or give it to the receptionist. Your complaint will be acknowledge in writing within five (5) business days.
- Lodge a complaint with the Ombuds person, SCRBHO or provider if you believe any of your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The Ombuds person may, at your request, assist you in filing a grievance. The Ombuds person's phone number is 1(800) 346-4529.

You may also contact the Office of Civil Rights for more information at <http://www.hhs.gov/ocr>.