



## Neighborhood Service Organization Your Rights When You Receive Our Services

As a consumer of NSO you have rights. Some of your rights are:

- **THE RIGHT NOT TO BE ABUSED OR NEGLECTED**, threatened, or insulted when you receive our services. If any of these things happen to you (or anyone else), you should report it to a staff person, the Recipient Rights Advisor listed below, or the Office of Recipient Rights listed below.
- **THE RIGHT TO KNOW ABOUT YOUR TREATMENT** including:
  - The right to be told what your treatment is, how much it will cost you, what medications you may be taking, why they have been prescribed, what risks and side-effects there are.
  - The right to have a plan of service in your record. This is a written plan of how staff expect to help you. You will be told about your plan and progress.
  - The right to ask questions about your treatment and to ask for a change if you think the treatment is not helping.
- **THE RIGHT TO CONSENT**, meaning the right to make choices about your proposed treatment, UNLESS your treatment has been ordered by Court or by a guardian who has the authority to do so. A consent must be “informed”, which means that you (or your guardian) have been told about the risks and benefits of whatever staff asks you to consent to. You may decide not to consent.
- **THE RIGHT TO BE TREATED WITH DIGNITY**. Staff are required to protect and promote the basic human dignity to which you are entitled. Staff should respect your wishes in how they address you and respect your privacy.
- **THE RIGHT TO MANAGE YOUR OWN AFFAIRS**, unless a court has decided that you are not legally competent and have given you a guardian. For some people, a guardian makes all decisions; for others, the guardian decides only things listed in the court order. If you think that you do not need a guardian or that you need a different guardian, you may petition the court.
- **THE RIGHT TO BE FREE FROM DISCRIMINATION** in the way you receive our services. You will not be discriminated against because of your race, color, national origin, marital status, sex, age, political affiliation, sexual orientation, religion, physical or mental handicap which you have or others believe you have, or your ability to pay for services.
  - If you, or someone on your behalf, think you have been discriminated against, you may file a complaint with the Recipient Rights Advisor or the Office of Recipient Rights, listed below. You may do this at any time, even if our services to you have ended.
  - You may also file a discrimination complaint with any or all of the following:
    - The Michigan Department of Civil Rights (call 1-800-482-3604 or write to the Michigan Department of Civil Rights, 1200 Sixth Street, Detroit, MI 48226)
    - The federal government (call 1-312-353-2521 or write to the DHHS Office of Civil Rights, 300 Wacker Drive, Chicago, IL 60606 within 180 days of the date discrimination occurred)
  - You may also sue in state circuit court or federal district court.



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- **THE RIGHT TO CONFIDENTIALITY** meaning the right to have information about you kept private. Information about you and your treatment cannot be given to anyone, except as permitted by law. Information about you may be given to other people only:
  - If a law or court order requires your record be released; or
  - If you (or your guardian, if you have one) agree in writing
  - If needed to get you benefits, collect reimbursement for cost of treatment, or collect statistical information; or
  - If necessary to keep you or others from being hurt or to keep you from harming yourself; or
  - If there is reason to believe or suspect that abuse or neglect has occurred.
- **THE RIGHT TO SEE YOUR RECORD** if you or your guardian requests it. If you wish to have a copy made, there may be a charge for the cost of copying. If the treatment team and your physician have good reason to believe that all or part of the information in your record would be harmful to you or others, that information may be withheld (you will be told that this is being done). If you are denied access to your record, you or your guardian may appeal the decision to the director of NSO Unit from which you are receiving services or to the director of the Michigan Department of Community Health.
- **THE RIGHT NOT TO BE PHOTOGRAPHED** or fingerprinted as a part of your treatment nor for education or training purposes UNLESS you or your guardian agrees in writing. Any photographs or fingerprints in your record must be given to you or destroyed when your treatment is complete. If someone wants to photograph you for informational, personal, or social purposes, that person must first ask you if you consent. If you do not, you will not be photographed.
- **YOU HAVE OTHER RIGHTS** in addition to those summarized here. Your civil and constitutional rights remain intact and cannot be limited in any way by staff. For example, you have the right to vote. Some of your other rights are outlined in the booklet, *Your Rights When You Receive Mental Health Services*, published by the Michigan Department of Community Health. Staff have copies of this booklet available for you.
- **YOU HAVE RESPONSIBILITIES, TOO.** You may be held legally responsible for breaking a law, deliberately hurting another person, or destroying or stealing property. You may be responsible for the cost of your treatment based upon your ability to pay and any insurance coverage you may have. You are responsible for following agency rules. You are responsible for respecting the rights of others, including staff, just as you want them to respect your rights.

### IMPORTANT PHONE NUMBER:

**Detroit Wayne Mental Health Authority Recipient Rights Officer may be reached at (313) 833-2500**

I am in receipt of this summary of my rights and the "Recipient Bill of Rights," as adopted by the Detroit-Wayne County Community Mental Health Board on 9/14/1994. I understand that I may have questions answered and receive additional information about my rights if I request it of staff or the Recipient Rights Advisor.