Client Rights

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It is the policy of Shalom Art Therapy to afford and make every effort to ensure that your client rights are protected as per the 55 Pa. Code § 5100.54. Each client has and may exercise the following rights: You have the right to be treated with dignity and respect. You have the right to be informed of your rights, treatment procedures, risks, costs, and information release when in treatment. You have the right to have a designated person to assistance you in finding a resolution for any issues that may arise during treatment. You have the right to secure an attorney to ensure that your rights as a patient or client are being upheld. You have the right to be provided resources form Shalom Art Therapy regarding obtaining information about attorneys. You have the right to practice your religion or ethical beliefs independently and can seek support from Shalom Art Therapy to practice your religious beliefs. You have the right to be part of treatment planning decisions. You have the right to refuse treatment decision. You have the right to an individualized treatment plan and receive a copy of the treatment plan. You have the right to be discharged from services and the right to be part of the discharge decision. You have a right to review your records with two exceptions, Limited portions of consumer records can be withheld from the consumer if the treatment team leader has written that seeing specific information would a) be harmful to the individual's treatment, or b) reveal the identity or break the trust of someone who has provided information in confidence. You have the right to decided who else can review your record, with some exceptions. Those who are part of your treatment team will not need to ask permission to see your records, people providing emergency care, an attorney representing a person at a commitment hearing, a court, people conducting program or utilizing reviews, or third party payers (insurance, those who pay for treatment). These people way review any information needed for the specific purpose requested. You have the right to exercise your civil and legal rights as a united states citizen. You have the right to not be discriminated against on basis of race, age, sex, religion, national origin, sexual orientation, disability, or marital status. You have the right to noy be subject to verbal, physical, sexual, emotional or financial abuse; harsh or unfair treatment. You have the right to file a complaint. You have the right it file a grievance if not not satisfied with the response to a complaint.

For CBH Members: ATTN: Provider Network Operations Community Behavioral Health (CBH) 801 Market street., 7th Floor Philadelphia, PA 19107 Phone Number: 888-545-2600 Pennsylvania Department of Public Welfare Room 105, Building #57 Norristown State Hospital 1001 Sterigere Street Norristown, PA 19401 What happens if the OMH or the Department of Public Welfare cannot help me resolve my problem? If you are not satisfied with the OMH/DBHIDS response, you can appeal to the MH Human Rights Committee. The Human Rights Committee is a group of citizens appointed by the MH Advisory Board to protect the rights of people receiving mental health services. The majority of committee members are consumers of mental health services. How do I appeal to the Human Rights Committee? You can appeal to the Human Rights Committee by sending your complaint and documentation to the Chairperson of the Human Rights Committee. The address is: Human Rights Committee Chairperson C/O Philadelphia DBHIDS Division of Mental Health Services 1101 Market Street, 7th Floor Philadelphia, PA 19107 What happens when I file an appeal? The Human Rights Committee will investigate by asking questions of everyone involved in the complaint, as well as anyone else who has additional information about the situation. You will be invited to meet with the Committee within 30 days. You may ask a family member, a friend, an advocate, or anyone else you choose to accompany you and speak on your behalf. The person or people you are accusing of violating your rights may also be invited to attend the meeting. The Committee will make a decision following the meeting. The findings and recommendations of the Human Rights Committee will be sent in writing to the Deputy Health Commissioner for Mental Health/Mental Retardation, who is the highest

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Have you read the above thoroughly?

- ◯ Yes
- ◯ No

Do you feel you understand your rights and responsibilities?

- ◯ Yes
- ◯ No

Client Agreement & Consent

Client Signature