

Member Rights & Responsibilities (pg 1 of 2)
Western Psychological and Counseling Services, PC.

- The RIGHT to be treated with respect and with due consideration for his or her dignity, privacy, and confidentiality.
- The RIGHT to a non-discriminating/humane service environment that affords reasonable protection from harm and privacy.
- The RIGHT to services in a setting under conditions that is least intrusive to the client with the greatest degree of independence.
- The RIGHT to informed consent for treatment and fee-for-service.
- The RIGHT to receive covered services and support.
- The RIGHT to be actively involved in the development and ongoing review of treatment plans {Custodial parent or legal guardian shall have the right and opportunity to participate in the treatment planning process and review of progress in treatment every three months}.
- The RIGHT to refuse services including any specific procedure without suffering punitive consequences; if adverse consequences are expected to result from such refusal, client and/or guardian will be informed.
- The RIGHT not to be involuntarily terminated or transferred without prior notice, notification of alternative resources, and the RIGHT file a grievance.
- The RIGHT to file a grievance/complaint with assistance and free from retaliation
- The RIGHT to have access to and communicate privately with any public or private rights protection program or rights advocate.
- The RIGHT to execute a declaration of mental health treatment.
- The RIGHT to have clinical records kept confidential consistent with all applicable laws.
- The RIGHT and Freedom from the use of seclusion or restraints
- The RIGHT to have an opportunity to select an appropriate mental health practitioner {i.e. gender specific} and service site as appropriate.
- The RIGHT to gain access to his/her own clinical record unless access is restricted in accordance with applicable law.
- The RIGHT to receive a “Notice of Action” when a service, benefit, request for service authorized is denied; or notice of intended action prior to termination, suspension, or reduction of service.
- The RIGHT to mandatory abuse reporting: All providers are required to report incidents of abuse when the provider comes in contact with and has reasonable cause to believe that a client has suffered abuse.
- The RIGHT to appeal decisions concerning denial of service or service coverage made by the provider or agency.
- The RIGHT to receive Culturally Competent Services and Support to include written materials that are in alternative format or language appropriate.
- The RIGHT to all applicable standards under the American with Disabilities ACT (ADA).
- Ref to Member responsibilities section-Second Page

Member Responsibilities
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- To choose, or help with assignments to a PHP or PCM as defined in 410-141-0060, Oregon Health Plan enrollment requirements, and a PCP or service site;
- To treat practitioner's and clinical staff with respect;
- To be on time for appointments made with providers and other providers and to call in advance either to cancel if unable to keep the scheduled appointment or if he/she expects to be late;
- To seek periodic health exams and preventative services from his/her PCP or clinic;
- To use his/her PCP or clinic for diagnostic and other care except in an emergency;
- To obtain a referral to a specialist from the PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed;
- To use urgent and emergency services appropriately and notify the PHP within 72 hours or an emergency;
- To give accurate information for inclusion in the clinical record
- To help the provider, provider clinic obtain clinical records from other providers which may include signing an authorization for release of information;
- To ask questions about conditions, treatments and other issues related to his/her care that is not understood;
- To use information to make informed decisions about treatment before it is given;
- To help in the creation of a treatment plan with the provider;
- To follow prescribed agreed upon treatment plans;
- To inform provider that his/her health care is covered under the Oregon Health Plan before services are received and, if requested, to show provider a copy of medical care identification form (Medical Card);
- To inform DHS worker of a change of address or phone number;
- To inform DHS worker if the DMAP member becomes pregnant and to notify the DHS worker of the birth of the DMAP member's child;
- To inform the DHS worker if any family member move in or out of household;
- To inform the DHS worker if there is any other insurance available;
- To pay for non-covered services under the provisions described in OAR 410-120-1200 and 410-120-1280;
- To pay monthly OHP premium on time if so required;
- To assist the PHP in pursuing and third-party resources available and to pay the PHP the amount of benefits if paid for any injury from any recovery received from the injury;
- To bring issues, or complaints or grievances to the attention of the PHP; and
- To sign an authorization for release of medical information so that DHS and the PHP can get information which is pertinent and needed to respond to an Administrative Hearing Request in an effective and efficient manner.

Client Signature/Guardian

Updated: 1/07

Date