

**YOU HAVE A RIGHT TO
BE TOLD ABOUT YOUR RIGHTS**

CONSUMER RIGHTS

1. The right to have someone tell you of your rights, in a language you understand.
2. The right to a humane environment.
3. The right to a written, individualized (just for you) treatment plan, and the right to on-going participation in the treatment planning process.
4. The right to a clinical record, and access to that record.
5. The right to have your clinical record kept confidential.
6. The right to agree (consent) to non-emergency treatment.
7. The right to refuse non-emergency treatment.
8. The right to a determination of your ability to pay for services.
9. The right to refuse participation in any experiments.
10. The right to refuse participation with the Children's Division of Hale Na'au Pono.
11. The right to be free from unlawful discrimination.
12. The right to a grievance procedure if you want to file a formal complaint.
13. The right to exercise your rights without being punished (retaliation).

WAI'ANAE COAST COMMUNITY
MENTAL HEALTH CENTER, INC.

RIGHTS ADVISOR
(808) 696-4211



**YOUR
RIGHTS**

CHILDREN PROGRAMS
WAI'ANAE COAST COMMUNITY
MENTAL HEALTH CENTER, INC.

HALE NA'AU PONO
86-226 FARRINGTON HWY.
WAI'ANAE, HI 96792
(808) 696-9498

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YOUR RIGHTS TO A GRIEVANCE PROCEDURE

A **grievance** is a complaint saying you believe you have been unfairly or wrongly treated, and that someone has violated your rights. You have the right to file an informal or formal complaint (grievance). This grievance asks officials to look into your complaint and clear up the problem.

To File an Informal Grievance:

- Tell a staff member or the Agency Rights Advisor what you believe is wrong.
- The staff person or Rights Advisor will look into your complaint. He or she will take the necessary steps in an attempt to clear up the problem.
- If you are not satisfied with the results, you may file a formal grievance.

To File a Formal Grievance:

- Within 180 days of the event, which has caused you a grievance, give a written description of what you believe is wrong to your
- Program Administrator. If you need help with writing your grievance, a staff person can assist you. This document should contain:
 - The date;
 - Time and place of the event;
 - The people involved and what happened;
 - The names, addresses and phone numbers of any witnesses;
 - Your signature, address and phone number; and
 - The date you wrote the document.
- You have the right to a written response to your complaint by the Program Administrator in 15 days which tells you:
 - The progress and results of any investigation - what action, if any, the staff will take to clear up the problem or situation.
- If the problem or situation will take longer than 15 days to clear up, you have the right to be told in writing every 15 days about the progress of the investigation.

**President, Board of Directors
Wai`anae Coast Community Mental Health
Center, Inc. 86-226 Farrington Hwy.
Wai`anae, HI 96792**

Within 30 days of your written appeal, you will receive a letter telling you if we are taking any action to clear up the problem or situation.

You also have the right to appeal in writing to:

**The Hawaii Disability Rights Council
1580 Makaloa Street, Suite 860
Honolulu, HI 96814**

Or to any other advocacy agencies of your choosing.

If you do not want your name to be known to the Agency as the person filing the complaint, you should send your complaint to either:

**Affirmative Action Officer
State of Hawaii, Department of Health
P.O. Box 3378
Honolulu, HI 96801-3378
(808) 586-4616 (Voice) or (808) 586-4648 (TTD)**

**Director, Region IX
Office for Civil Rights
U.S. Department of Health & Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102**

You have the right not to be threatened, pressured, intimidated or discriminated against just because you filed a complaint. There is no connection between the filing of a complaint and your immigration or naturalization status.

YOUR RESPONSIBILITIES AS A PERSON SERVED

As a consumer of mental health services, you have responsibilities which go with your rights. These responsibilities are:

- To obey all Agency rules, policies and procedures.
- To take an active part in planning your treatment. This includes you or your child telling the staff about your psychiatric, and medical history, including any hospital stays and medications.
- To attend (if appropriate) scheduled family therapy sessions, individual therapy sessions, foster parents and child family therapy sessions, team meetings, and/or activities.
- To know and understand the rules that apply to you and your child in the program.
- To ask questions when you do not understand something we tell you or something about your child's treatment.
- To accept the results if you refuse certain treatment recommendations.
- To respect the treatment plans of other persons served.
- To be considerate of the other persons being served and staff of your center.
- To respect other team members opinions and recommendations.
- To obey and respect your youth's behavior plan at all times.

Remember: Your child is attending this program with others who are also receiving mental health treatment. Please respect the rights of others, as you want them to respect your rights. If you have any questions about your rights and responsibilities, please ask a staff member.

It is important for you to know about the guardian's and the child's rights and responsibilities while they are in our program. This booklet informs you about your rights and responsibilities as a consumer of mental health services. Keep it so you can use it again later.

YOU AND YOUR CHILD'S RIGHTS IF A DECISION HAS BEEN MADE TO PLACE YOUR YOUTH IN AN INVOLUNTARY TREATMENT FACILITY

As we use the term here, a **decision** has been made, the decision will be executed by the Children's Team Clinical Director, to place the youth in an **involuntary treatment facility**.

The guardian has the right:

- to be told why your youth was placed in an involuntary treatment facility.
- to know what treatment facility your youth was placed in.
- to refuse services for your child at the treatment facility. If you choose to refuse services by the treating facility, the Youth will not be allowed back into the therapeutic foster home program until a team meeting is conducted.

YOUR RIGHTS TO BE FREE FROM UNLAWFUL DISCRIMINATION

You Should Always Be Treated Fairly. No One Should Unlawfully Discriminate Against You Because Of:

- A physical or mental disability;
- Your race, color or national origin;
- Your age, sex, sexual orientation or marital status;
- Your religion; or
- Any difficulty in speaking or understanding English.

If you believe you have been unlawfully discriminated against, you have the right to have your complaint heard in a timely manner. You may talk to someone informally to try to resolve the situation. You also have the right to file a written formal complaint stating your views. This is called a *grievance*. See next section of your rights and responsibilities in the grievance process.

YOU AND YOUR CHILD'S RIGHTS **ABOUT CLINICAL RECORDS**

You have the right to have a clinical record kept by the Agency. The legal guardian of the child also has the right:

To read the clinical record in the presence of a staff member, and to have that staff member help you understand it. If the Program Administrator believes your record contains information considered harmful to you or others, we may withhold this information. You have the right to be told why information was withheld and how to appeal this decision if you choose to do so.

An **appeal** is a formal request to have another person or group review this decision and come up with a second conclusion. A different decision at the appeals level cancels the original decision made by the Program Administrator. If, after reading your clinical record, you believe the record contains incorrect information, you can write a letter to the Program Director, respectively, saying what information you think is not correct. You have the right to be told whether or not we made the corrections in your record.

**To have a copy of your record, minus the part, if any, considered harmful to you or others. With your written consent, we can give a copy of your record, guaranteed by us to your lawyer. You may be charged a fee for the photocopying.

YOUR RIGHTS TO CONFIDENTIALITY

You have the right to have information about you kept confidential. However, the law permits confidentiality to be broken under the following situations.

- In a life-threatening emergency affecting you;
- If you are suspected of abusing or neglecting a minor, or if there is suspicion that someone is abusing you; or
- If a proper court order is issued for the release of information.

Also, we may share information about you in the following situations:

- For monitoring purposes, to authorize monitors;
- When required by federal and state laws; or
- If your guardian gives written permission to share certain kinds of information with certain people or agencies. The written permission is an "Informed Consent to Release Information". Your guardian also has the right to change their mind about sharing this information.

A **right** is something to which you are entitled.

A **consumer** is a person who uses something. In a mental health program, a consumer is someone who uses mental health services. Sometimes consumers are also called clients or persons served.

A **Rights Advisor** is a staff person in the Agency who will help you understand your rights. A Rights Advisor can also help you if you believe someone has violated your rights and you want to file a complaint. The back page of this booklet has the name and phone number of your Rights Advisor.

Program Administrator is the Program Director for the team servicing you.

When you receive mental health services, the staff tells you about your rights. We have given you this booklet which lists your rights. A list of rights is posted at the program where you receive your services.

The rights described in this booklet are some of the rights guaranteed by the United States Constitution, the Hawaii Constitution, federal and state laws and the rules and policies of the Behavioral Health Administration of the Hawaii Department of Health.

If you have any questions about your rights, please ask a staff member or the Agency Rights Advisor.

For consumers and their legal guardians who cannot read or understand English, or who have limited English language ability, the Bilingual Access Line will provide help in:

- Understanding Consumer Rights;
- Learning About Informed Consent Procedures; and
- Filing Consumer Rights Complaints.

State of Hawaii
Child and Adolescent Service System
Program (CASSP) Principles

1. The system of care will be child and family centered and culturally sensitive, with the needs of the child and family determining the types and mix of services provided.
2. Access will be to a comprehensive array of services that addresses the child's physical, emotional, educational, recreational and developmental needs.
3. Family preservation and strengthening along with the promotion of physical and emotional well-being shall be the primary focus of the system of care.
4. Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.
5. Services which require the removal of a child from his/her home will be considered only when all other options have been exhausted, the services aimed at returning the child to his/her family or other permanent placement are an integral consideration at the time of removal.
6. The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that each child can move throughout the system in accordance with his/her changing needs, regardless of points of entry.
7. Families or surrogate families will be full participants in all aspects of the planning and delivery of services.
8. As children reach maturity, they will be full participants in all aspects of the planning and delivery of services.
9. Early identification of social, emotional, physical and educational needs will be promoted in order to enhance the likelihood of successful early interventions and lessen the need for more intensive and restrictive services.
10. The rights of children will be protected and effective advocacy efforts for children will be promoted.

YOU AND YOUR CHILD'S RIGHTS

- You have the right to have an interpreter present if one is required.
- You have the right to be treated with respect. You also have the right to your privacy and your child's privacy.
- You have the right to know about the services you can receive and who will provide the services. You also have the right to know what your treatment and service choices are.
- You have the right to receive information and services in a timely manner.
- You also have the right to ask for a different provider. If you want a different provider, we will work with you to find another provider in the network.
- You have the right to receive services in a way that respects your culture and beliefs.
- You have the right to be free from being restrained or secluded unless a doctor or psychologist approves by CPI techniques by a trained staff, and then only to protect you or others from harm. Seclusions and restrains can never be used to punish you or to keep you quiet. They can never be used to make you do something you don't want to do. They can never be used to get back at you for something you have done.

**YOU AND YOUR CHILD'S RIGHTS
ABOUT TREATMENT**

Treatment means activities intended to reduce or relieve the effects of mental illness or emotional distress

Before you receive treatment, you have the right to be told about:

- The proposed treatment and what may happen if your condition is not treated.
- The benefits and risks of the treatment; and
- Other available forms of treatment.
- You have the right to an individual treatment plan and to help decide what treatment and services you will receive.
- You have the right to be a part of all choices about your treatment. You have the right to have your treatment plan in writing.
- If you agree to the proposed treatment plan, your legal guardian will be asked to sign an "Informed Consent to Treatment." This gives us written approval to provide you with treatment services.
- You have the right to disagree with your treatment or to ask for changes in your treatment plan.
- You have the right to receive a copy of all signed treatment plans, consents and other information.