



PREAMBLE

Extended Housing, Inc. is a non-profit housing development corporation and contract agency of the Lake County Board of Alcohol, Drug Addiction, and Mental Health Services (ADAMHS). Extended Housing, Inc. serves as the developer of Lake County ADAMHS Board's permanent housing for its' clients.

Extended Housing, Inc. maintains ownership of completed apartment buildings and provides property management services. In addition, Extended Housing provides homeless outreach services and manages several rental subsidy programs. All mental health and supportive social services are provided by case managers employed by county mental health center/agencies and any staff assigned to work in the community.

As a contract agency of the ADAMHS Board, Extended Housing, Inc. is committed to adherence to provisions of the Client Rights Policy of the Lake County ADAMHS Board that follows.

CLIENT RIGHTS

LAKE COUNTY BOARD OF ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES CLIENT RIGHTS POLICY

The Lake County Board of Alcohol, Drug Addiction and Mental Health Services believes that those who apply for, or receive mental health services, possess fundamental human, civil, and constitutional rights. As part of its belief, the Lake County Mental Health Board is committed to protecting and enhancing the rights of these individuals.

Following are twenty-two (22) rights that are basic to all who apply for, or receive mental health services. An exception to these twenty-two (22) rights applies only to those who receive forensic evaluation services and is addressed later in this policy.

- (1) The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
- (2) The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
- (3) The right to be informed on one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- (4) The right to consent to, or refuse, any service, treatment or therapy, upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to, or refuse, any service treatment or therapy on behalf of a minor client;
- (5) The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social, and economic needs, and that specifies the provision of appropriate, and adequate services, as available, either directly or by referral;
- (6) The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
- (7) The right to freedom from unnecessary or excessive medication;
- (8) The right to freedom from unnecessary restraint or seclusion;
- (9) The right to participate in any appropriate, and available agency service, regardless of refusal of one or more other services, treatments, or therapies; or regardless of relapse from earlier treatment in that or another service, unless

there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;

- (10) The right to be informed of, and refuse any unusual or hazardous treatment procedures;
- (11) The Right to be advised of, and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
- (12) The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
- (13) The right to confidentiality of communications; and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, State or Federal Statutes, unless release of information is specifically authorized by the client, or parent or legal guardian of a minor client, or court-appointed guardian of an adult client in accordance with Rule 5122:2-3-11 of the Administrative Code;
- (14) The right to have access to one's own psychiatric, medical, or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client, the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
- (15) The right to be informed in advance of the reason(s) for discontinuance of service provision; and to be involved in planning for the consequences of that event;
- (16) The right to receive an explanation of the reasons for denial of service;
- (17) The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
- (18) The right to know the cost of services;
- (19) The right to be fully informed of all rights;
- (20) The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service;
- (21) The right to file a grievance, and;
- (22) The right to have oral and written instruction for filing a grievance.

To protect and enhance the rights of those who apply for, or receive mental health services, the Alcohol, Drug Addiction and Mental Health Board has developed a Grievance Procedure that addresses the alleged denial or abuse of Client Rights. Extended Housing, Inc is committed to following this Grievance Procedure. **I have received a copy of my Client Rights.**

NAME

WITNESS

DATE

DATE