

**BILL OF RIGHTS**  
 Outpatient Behavioral Health  
 St. Agnes Hospital, Fond du Lac, WI

BHO-220-28 (12/05/13) ORDER FROM PRINTING

As a patient of St. Agnes Hospital’s Outpatient Behavioral Health Services you have the following rights as protected under Wisconsin State statutes:

**Treatment and Related Areas**

- To receive prompt and adequate treatment.
- To be treated in the least restrictive environment possible.
- To refuse any treatment or medication because of the voluntary nature of therapy or because your religious beliefs prohibits it.
- To be free from unnecessary or excessive medications.
- To refuse any drastic treatment or experimental research.
- To be free from physical restraint except in emergencies where you pose a danger to yourself, others or are damaging property.

**Communication and Privacy**

- To have your treatment records and conversations kept confidential at all times, information being released only with your written consent except where you represent a threat to yourself, others or the records are requested by a court of law. We are mandated reporters and required to report instances of child abuse.
- To have access to your treatment records after discharge and during treatment with the approval of the medical director or their designee and to have access at all times to records of medications prescribed or any treatment you receive for physical health reasons.
- To refuse to be filmed or taped without your consent.

**Access to Court**

- To petition the court for review of your civil commitment.
- To be considered legally competent unless determined otherwise by a court and to make your own decisions.
- To bring legal action for damages against those who have violated your rights.

**Complaints and Grievances**

- The right to implement the grievance procedure explained to you by your provider at any time you have a concern or believe your rights were violated.
- To ask for and receive a copy of the grievance procedure currently in place.
- To contact the complaint investigator or their designee and file a complaint or learn more about the process.

If you believe your rights have been violated, you have the right to use the grievance procedure. You may ask the clerical staff or your provider for a copy of the grievance form or you can contact the Director of Behavioral Health Services with your concerns at 920-926-4201.

I have read the above listing of my rights and understand them.

\_\_\_\_\_  
 PATIENT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 TIME



BHO-0220