

LABEL OR

LAST NAME

FIRST NAME

DATE OF BIRTH

BILL OF RIGHTS
Behavioral Health Services
Agnesian HealthCare

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ORDER FROM PRINTING

Agnesian HealthCare is required by law to maintain the privacy of your mental health and medical information. All providers of services in this clinic follow the same privacy rules. Whenever a MD, psychotherapist or other provider treats you, mental health and/or medical information is created. This information may be written (e.g., information gathered from you during your treatment which becomes part of your record), spoken (e.g., MD or psychotherapists discussing your health status), or electronic (e.g., billing information saved on computer, etc.)

The law permits Agnesian HealthCare to use or disclose health information for the following routine activities: treatment, payment, health care operations, communication with you, and in some instances, appointment reminders.

Examples of Permitted Uses and Disclosures of Health Information without consent include: child abuse, adult and domestic abuse, mandated clinic review, judicial or administrative proceedings, serious threat to health or safety, worker's compensation, coroners, medical examiners and funeral directors.

Activities that Require Your Written Permission (Authorization): We must receive your written authorization to release your information for purposes outside of treatment, payment and healthcare operations.

When you receive services for mental health, alcoholism, drug abuse or a developmental disability as an outpatient, you have the following rights under WI Statute Sec 51.61:

Treatment Rights and Related Areas

- To receive prompt and adequate treatment.
- To request restriction on uses and disclosures of your mental health or medical information.
- To be treated in the least restrictive environment possible.
- To be free from having unreasonable or arbitrary decisions made about you.
- To refuse any treatment or medications because of the voluntary nature of therapy, or because your religious beliefs prohibit it.
- To refuse to participate in any drastic treatment or experimental research.
- To be free from unnecessary or excessive medications.
- To be free from physical restraint except in emergencies where you pose a danger to yourself, others, or are damaging property.

Rights of Access to Court

- To petition the court for review of any civil commitment proceedings that might be initiated.
- 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 violate your rights.

(Additional rights are listed on the back side of this handout)



Consent

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Communication and Privacy Rights

- To refuse to be filmed or taped without your consent.
- To request how we may contact you.
- To inspect and copy your mental health records, medical records or billing information.
- To request corrections to your mental health, medical or billing records.
- To receive a list of certain disclosures.
- To have your treatment records and conversations kept confidential at all times (Sec. 51.61 Stats), information being released only with your written consent, except where you represent a threat to yourself and/or others, or the records are requested by a court of law.
- The treatment professionals affiliated with Agnesian Healthcare are mandated by law to report instances of suspected child abuse or neglect and/or elder abuse/neglect.
- To have access to your treatment records after discharge and during treatment with the approval of the medical director or his/her designee and to have access at all times to records of medications prescribed or any treatment you receive for physical health reasons.

Complaints and Grievances

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

I acknowledge that I fully understand the information listed above.

Patient/Guardian Signature

Date

Time



Consent