

CLIENT RIGHTS

This is a description of your rights as a client. If you have questions, please ask. We want to make sure that your rights are respected.

RIGHT TO TREATMENT / CARE

You have the right to service regardless of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, marital status, national origin, language, and mental or physical disability. You have the right to receive courteous and timely service. You have the right to choose your primary care provider. You have the right to request information concerning the credentials and training of staff. You have the right to the following protections:

1. Your privacy and dignity.
2. Your confidentiality.
3. Protection from physical punishment or abuse.
4. The right to receive adequate treatment.

You have a right to information about other community resources and other available treatment.

CONFIDENTIALITY

Information about you is confidential. You must give written permission before we can share information about you with other people or agencies.

Confidential information may be released WITHOUT your consent ONLY when:

1. There is clear danger to you or others.
2. You have a medical emergency requiring such information.
3. There is reasonable cause to believe that neglect or abuse of a child, elder, person with developmental disabilities or nursing home patient has been or is occurring.
4. A court orders release of the information under certain limited circumstances.
5. Under limited circumstances, if you are a minor (depending on the type of treatment being received).

YOUR TREATMENT / CARE PLAN

You have the right to participate in defining your treatment / care goals and developing your treatment / care plan. You have a right to make an informed decision about and ask why any form of treatment / care is recommended.

REVIEWING RECORDS

You have a right to review your records (ORS 179.505). Requests to review your records should be made in writing to the Privacy Officer. Forms are available from the reception desk and (or) records.

MEDICATION

You have a right to know why a particular medication is recommended and to understand its potential side effects.

REFUSING TREATMENT

You have the right to refuse treatment including any specific service, procedure or medication without suffering punitive consequences. Treatment will be provided in a humane service environment that affords reasonable protection from harm. Services will be provided in a setting under conditions that are least restrictive to a person's liberty and provide the greatest degree of independence.

UNUSUAL SIDE EFFECTS

Any significant procedures that may have unusual side effects require thorough review and additional consent from you prior to initiation of the proposed treatment.

COST OF TREATMENT

You have the right to be informed of the cost of care before you are billed. A sliding fee scale is available based on your income. You may request a copy of this fee scale. Payment plans can be arranged with the billing office (766-6645).

URGENT CARE / EMERGENCY SERVICES

You have the right to receive urgent care services. If you are in

need of after-hours urgent care services, call our office at 766-6835 for more detailed information. If you are in need of emergency services, go to the emergency room or call 911.

COMPLAINT / GRIEVANCE PROCESS

You have the right to file a grievance, or complaint, free from retaliation for exercising such a right, and be provided assistance as needed to submit a grievance or complaint. Detailed information is available in the Benton County Health Department "Client Complaint and Grievance Process" brochure.

MENTAL HEALTH DIRECTIVES

You have the right to execute a Declaration for Mental Health Treatment (ORS 127.703) and receive assistance making such a declaration. Persons diagnosed with serious mental illness shall be provided assistance in executing a written Declaration for Mental Health Treatment if assistance is requested by the consumer. Information on the consumer's Declaration for Mental Health Treatment will be exchanged with the local hospital or nonhospital facility only with the consumer's informed consent.



CLIENT RESPONSIBILITIES

This is a description of your responsibilities as a client. If you have questions, please ask.

TREATMENT / CARE PLAN RESPONSIBILITY

You have the responsibility of participating in planning your treatment / care.

CONFIDENTIALITY

Protect the confidentiality of other clients. Please DO NOT identify others as clients of the Health Department. Please DO NOT discuss other clients' concerns outside of Health Department activities designed for such discussion, unless you have specific permission from the person involved.

PROVIDING INFORMATION

Fill out all required forms as best you can. If you need help with paperwork, the staff will be glad to assist you. Be honest in the information you give about yourself and others.

COURTESY

Treat others with courtesy and respect.

SAFETY

NO weapons are to be brought to the Health Department. Any threat of physical violence will result in your being required to leave the premises. Any time there is a clear danger to you or others, the staff will take appropriate action.

MANDATORY REPORTING

If there is reason to believe that a child, elder, person with developmental disabilities or nursing home patient is being neglected or abused, staff must report abuse to the appropriate authority.

LEGALLY REQUIRED TREATMENT

If you are required by a court or legal guardian to participate in treatment, you are responsible for satisfying the legal requirements. You may be required to provide written permission to disclose information to the appropriate court, agent of the court or legal guardian.

ATTENDANCE

You are expected to arrive for appointments on time. If you have to miss an appointment, please notify the office at 766-6835 as soon as possible and reschedule your appointment.

PAYING FOR TREATMENT/CARE

You are responsible for paying your bill according to services provided. Some services are charged on a sliding fee scale and charges may be reduced.



Benton County Health Department

530 NW 27th Street • P.O. Box 579
Corvallis, OR 97339-0579

Health Administrator **766-6837**

Health Management Svcs Deputy Administrator **766-6243**

Mental Health Deputy Administrator **766-6238**

Public Health Deputy Administrator **766-6249**

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Client Rights and Responsibilities



*"Healthy People
in a Healthy Community"*

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530 NW 27th Street • P.O. Box 579
Corvallis, OR 97339-0579
541-766-6835
www.co.benton.or.us/health