

Columbia Community Mental Health Confidentiality Statement, Consumer Rights, Fee Disclosure, Non-Discrimination Policy, Consent to Treatment

I. **Confidentiality Statement:** Oregon Administrative and Statutory rules (192.505 & 179.505. Federal law under the Health Insurance Portability and Accountability Act (HIPPA).

ORS 192.525 “The Legislative Assembly declares that it is the policy of the State of Oregon to protect both the right of an individual to have the medical history of the individual protected from disclosure to persons other than the health care provider and insurer of the individual who needs such information, and the right of an individual to review the medical records of that individual. It is recognized that both rights may be limited, but only to benefit the patient. These rights of confidentiality and full access must be protected by private and public institutions providing health care services and by practitioners of the healing arts. The State of Oregon commits itself to fulfilling the objectives of this public policy for public providers of health care.

Columbia Community Mental Health strictly observes the rules that grant health care recipients access to their own medical records while preserving those records from unnecessary disclosure with the following limitations:

- We may use and disclose your protected case management information interdepartmentally for clinical or administrative purposes.
- We may disclose your protected case management information to Law Enforcement officials in the event that there is clear and convincing evidence you are a danger to yourself or others.
- We may disclose your protected case management information to a hospital in the event you are taken into protective custody.
- We may leave appointment reminders or contact you in the event of an emergency at your home.
- We may disclose your protected health information to Law Enforcement officials if we believe you are a victim of domestic violence.
- We are mandated to report incident/allegations of child abuse/neglect.
- We are mandated to report incidents/allegations of adult client abuse/neglect.
- We are mandated to provide information to the court when requested by subpoena when accompanied by a court order, client release of information or an affidavit from the attorney.

II. **Consumer Rights:** Rights, responsibilities and how to exercise them, shall be explained to the consumer, and if appropriate, guardian at case management intake.

In addition to consumer rights in applicable Oregon Revised Statutes, Oregon Administrative Rules, and elsewhere in these rules, the following is required for services received:

1. The consumer shall have a humane service environment that affords reasonable protection from harm and affords reasonable privacy.
2. The consumer shall be provided services in a setting under conditions that are least restrictive to the person’s liberty, that are least intrusive to the person and that provide for the greatest degree of independence.
3. The consumer shall receive no services without informed voluntary consent except as permitted by law.
4. The consumer and others of the consumer’s choice shall be afforded the opportunity to participate in the planning and provision of services with the consumer’s consent.
5. The consumer shall have the right to refuse services, including any specific procedure without suffering punitive consequences. If adverse consequences are expected to result from such refusal, that fact must be explained verbally to the consumer and, if appropriate, guardian.
6. The consumer shall not be involuntarily terminated or transferred from services without prior notice, notification of available sources of necessary continued services and exercise of a grievance procedure.
7. The consumer shall have access to and communicate privately with any public or private rights protection program or rights advocate.
8. The consumer shall have the right to file a grievance or complaint, free from retaliation and receive assistance when needed in submitting a grievance or complaint. The program shall develop, implement and fully inform consumers of policies and procedures for:
 - a. Receipt of oral and written grievances from consumer and, if appropriate, guardian acting on his/her behalf;
 - b. Investigation of the facts pertaining to the grievance;
 - c. Initiating action on a substantiated grievance within a timely manner, and;

- d. Documentation in the consumer's record of the receipt, investigation and action taken regarding the grievance.
- 9. Consumers shall be informed of their right to execute a Declaration of Mental Health Treatment.
- 10. The amount and schedule of payment of any fees to be charged must be disclosed in writing and agreed by the consumer and, if appropriate, guardian.
- 11. Freedom from abuse as defined in ORS 430.735 by an employee of the provider and the consumer's right to be treated with respect and dignity is safeguarded and ensured by policy and procedure.
- 12. Information and materials shall be provided to the consumer in written form or in an alternative format or language appropriate to the consumer's needs.
- 13. Columbia Community Mental Health shall ensure that the provision of care is culturally appropriate by demonstrating both awareness of and sensitivity to cultural differences.
- 14. Columbia Community Mental Health shall ensure that the provision of care is gender appropriate by demonstrating both awareness of and sensitivity to gender differences.
- 15. Columbia Community Mental Health is required to report incidents of abuse when the provider comes in contact with and has reasonable cause to believe that a consumer has suffered abuse.
- 16. Columbia Community Mental Health shall make reasonable modifications in policies, practices, and procedures to avoid discrimination and no person will be denied services on the basis of race, color, religion, sex, national origin, sexual orientation, duration of residence, handicap, or age.
- 17. Columbia Community Mental Health shall comply with the American Disabilities Act (ADA).

III. Fee Disclosure: I have received a schedule of fees for services provided by Columbia Community Mental Health, and understand that I may apply for a "sliding scale fee: exceptions based on my income circumstances. I agree to pay the fees established for me.

IV. **Non-Discrimination Policy:** As a recipient of Federal financial assistance, Columbia Community Mental Health will not deny access of services to any qualified person on the basis of race, color, national origin, gender, sexual orientation, insurance status, or on the basis of disability or age from participation in, be denied benefits of, or otherwise be subjected to discrimination under any program or activity, or employment therein, whether carried out by Columbia Community Mental Health directly or through a subcontractor, or any other entity with whom Columbia community Mental Health arranges to carry out its programs and activities.

V. **Consent to Treatment:** I, _____ have read, discussed with the intake worker and understand the above information. I hereby consent to participate in the services provided by **Columbia Community Mental Health**.

Signature

Date

Witness

Date

For clients under 14 years of age, or legally unable to contact:

After having read and agreed to the above treatment conditions, I hereby give my consent to provide

Services to _____ under the conditions stated above.

Signature of parent or legal Guardian (indicate which)

Date

Witness

Date