

CLIENT RIGHTS and the GRIEVANCE PROCEDURE For INPATIENT and RESIDENTIAL SERVICES

FOR CLIENTS RECEIVING SERVICES IN WISCONSIN FOR MENTAL ILLNESS, ALCOHOL OR OTHER DRUG ABUSE OR DEVELOPMENTAL DISABILITIES

When you receive inpatient or residential services for mental illness, alcoholism, drug abuse or a developmental disability, you have the following rights under Wisconsin Statute 51.61(1), 51.30, Wisconsin Administrative Code DHS 92, DHS 94, and DHS 124 and 42 CFR 482.13. If you require additional information regarding these rights please see a staff member of the facility or program providing your services and it will be provided to you.

PERSONAL RIGHTS

- You must be treated with dignity and respect, free from any verbal, physical, emotional, sexual abuse or harassment.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You have the right to participate in religious services and social, recreational and community activities away from the living unit to the extent possible.
- You may not be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid, with certain minor exceptions.
- You may make your own decisions about things like getting married, voting and writing a will, if you are over the age of 18, and have not been found legally incompetent.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability, sexual orientation, source of funding or marital status.
- Your surroundings must be kept safe and clean.
- You must be given the chance to exercise and go outside for fresh air regularly and frequently, except for health and security concerns.
- You have the right to receive treatment in a safe, psychologically and physically humane environment.
- You may contact a family member or representative and your personal physician to notify them of your admission to the hospital, or have a staff member do so on your behalf. You may refuse to have others contacted.

TREATMENT AND RELATED RIGHTS

- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for your condition, within the limits of available funding.
- You must be allowed to participate in your treatment and care, including treatment planning.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications, including who is responsible and the possible consequences of refusing treatment.
- No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. (If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.)
- You have the right to have the consequences of refusing treatment explained to you.
- You may not be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay. You have a right to examine your hospital bill and receive an explanation of the bill, regardless of source of payment. Every patient shall receive, upon request, information relating to financial assistance available through the hospital.
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the facility, within the limits of available funding.

- You may not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to you or to others. [There was a deletion at the end of this.]
- You have a right to be informed about your illness, course of treatment and prognosis for recovery and to have your legally authorized representative or any other person you have authorized in writing obtain this information as well.
- You have a right to formulate Advance Directives

COMMUNICATION AND PRIVACY RIGHTS

- You may call or write to public officials or your lawyer.
- Except in some situations, you may not be filmed, taped or photographed unless you agree to it.
- You may use your own money as you choose, within some limits.
- You may send and receive private mail. (Staff may not read your mail unless you or your guardian asks them to do so). Staff may check your mail for contraband. They may only do so if you are watching.
- You may use a telephone daily.*
- You may see visitors daily.*
- You may designate who may visit.*
- You must have privacy when you are in the bathroom and while receiving care for personal needs.*
- You may wear your own clothing.*
- You must be given the opportunity to wash your clothes.*
- You may use and wear your own personal articles.*
- You must have access to a reasonable amount of secure storage space.*

*Some of your rights may be limited or denied for treatment, safety or other reasons. (See the rights with an * after them). Your wishes and the wishes of your guardian should be considered. If any of your rights are limited or denied, you must be informed of the reasons for doing so. You may ask to talk with staff about it. You may also file a grievance about any limits on your rights.

RECORD PRIVACY AND ACCESS

Under Wisconsin Statute sec. 51.30 and DHS 92, Wisconsin Administrative Code:

- Your treatment information must be kept private (confidential), unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your entire record, if you ask to do so. You may be charged for written copies.
- If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may put your own version in the record.

RIGHT OF ACCESS TO COURTS

- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.
- If you have been placed against your will, you may ask a court to review your commitment or placement order.

GRIEVANCE RESOLUTION STAGES

Informal Resolution Process (Optional)

- An informal resolution may be possible, and you are encouraged to first talk with staff about your concerns. If it is possible, the client rights specialist or another staff member may utilize dispute mediation or conflict resolution processes to address your concerns. However, you do not have to do this before filing a formal grievance with your service provider.

Level I –Grievance Investigation

- If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem. An extension of time beyond the 45-day time limit may be granted for good cause. **This time limit does not apply to your rights under DHS 124 or 42CFR 482.13. You may file your grievance verbally or in writing. If you file verbally, you must specify that you would like it to be treated as a formal grievance.**
- You may file as many grievances as you want. However, they will usually only be investigated one at a time. You may be asked to rank them in order of importance.
- A Client Rights Specialist will investigate your grievance and attempt to resolve it.
- Unless the grievance is resolved informally, the Specialist will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report. [There appears to be two bullets deleted after this one.]

Level II - Program Manager's Review

- The manager of the facility or the program providing your services will review the Specialist's report. If you and that manager are in agreement with the results of the report, any recommendations in it shall be put into effect. If there are disagreements, the manager shall issue a written decision within 10 days.
- You will be informed of how to appeal the program manager's decision if you disagree with it. You will have 14 days to appeal.

County Level Review

- If a county agency is paying for your services, there is an extra step available in the grievance process. You may appeal the Level II decision to the County Agency Director. The County Agency Director must issue a written decision within 30 days, with a possible extension of another 30 days.

Level III - State Grievance Examiner

- If your grievance went through the County Level Review and you are dissatisfied with the decision, then you may appeal it to the State Grievance Examiner. You have 14 days to appeal.
- If you are paying for your services yourself, or through insurance, then you may appeal the Level II decision directly to the State Grievance Examiner, skipping the County Level Review. You have 14 days to appeal.
- The address is: State Grievance Examiner, Division of Mental Health and Substance Abuse Services, PO Box 7851, Madison, WI 53707-7851.

Level IV - Final State Review

- Anyone directly affected by the Level III decision may request a final state review by the Administrator of the Division of Mental Health and Substance Abuse Services (DMHSAS) or designee. Any appeal to Level IV must be sent to the DMHSAS Administrator, PO Box 7851 Madison, WI 53707-7851, within 14 days.

You may talk with staff or contact your **CLIENT RIGHTS SPECIALIST**, whose name is shown below, if you would like to file a grievance or learn more about the grievance procedure used by the program from which you are receiving services.

Your Client Rights Specialist is:

You may also communicate your concerns directly to the Wisconsin Division of Quality Assurance, PO Box 2969, Madison, WI 53701-2969. Telephone number: 608-266-8481

If Medicare is paying for your services, you may also request review of your medical treatment by the peer review organization called MetaStar at 2909 Landmark Place, Madison, WI 53713