



ILLINOIS OUTPATIENT MENTAL HEALTH SUMMARY OF CLIENT RIGHTS

HOPE – Child and Family Counseling personnel shall recognize and respect the rights of our clients.

ALL CONSUMERS OF OUTPATIENT MENTAL HEALTH SERVICES ARE GUARANTEED THE FOLLOWING RIGHTS UNDER ILLINOIS STATE LAW:

- The right to treatment and to receive services in accordance with an assessment of your needs.
- The right to be treated with respect and dignity.
- The right to receive mental health services in the least restrictive setting.
- The right to a current individualized treatment plan.
- The right to informed participation in establishing your treatment plan.
- The right to periodic information concerning your condition and progress.
- The right to be informed of any treatment or therapy, including physical and medical consequences and the right to refuse a component of treatment or therapy program, with the right to be informed of all alternatives.
- The right to have the opportunity to consult with independent specialists and counselors and to seek an outside psychiatric or psychological evaluation.
- The right to freedom from the use of language of an intimidating, degrading, or derogatory nature.
- The right to be free from abuse, neglect, harm and exploitation.
- The right to have disabilities accommodated as required by the [American with Disabilities Act](#), section 504 of the Rehabilitation Act and the Human Rights Act (775 ILCS 5).
- The right to confidentiality regarding health/mental health information and mail in accordance with the [Illinois Mental Health](#) and [Developmental Disabilities](#) Confidentiality Act and [Health Insurance Portability and Accountability Act](#) (HIPAA) of 1996.
- The right or the guardian's right to present grievances to the client's rights specialist. The client or guardian will be informed on how his or her grievances will be handled at the provider level. A record of such grievances and the response to those grievances shall be maintained by the provider. The client's rights specialist on the grievance shall constitute a final administrative decision (except when such decisions are reviewable by the provider's governing board, in which case the governing board's decision is the final authority at the provider level).
- If services are funded through a public funder payer (DCFS, DHS, etc), you have the right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances.
- The right to receive service at times mutually convenient to you and the agency during customary business hours. The agency provides hours of availability and additional times by appointment.
- The right to receive services provided your behavior does not disrupt, threaten, or harm other clients or staff, and that your fee agreement with the agency is maintained.
- The right not to be denied, suspended or terminated from services or have services reduced for exercising any rights.
- The right to have assistance from an independent advocate when, in your opinion, your rights have been violated. You have the right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., and IDCFS or DMHDD as appropriate. Client will be offered staff assistance in contacting these organizations at the address and telephone number provided (see below.)

CLIENT RESPONSIBILITIES:

In addition to the rights that are afforded to you as a participant of HOPE – Child and Family Counseling, Inc, there are certain responsibilities you have in order to ensure appropriate delivery of services. Your responsibilities include but are not limited to the following:

- Abide by all rules and regulations of HOPE – Child and Family Counseling, Inc, including our concealed carry weapon prohibition and our non-smoking policy.
- Provide relevant information, to the fullest extent possible, which is accurate and complete when it impacts the services you are receiving.
- Actively participate in the services and work on the goals outlined in your treatment or service plan.
- Comply with program specific rules and expectations as outlined in your program's handbook or rules. Please ask questions if you are unsure of what is expected of you within a specific program.
- Be considerate of facility personnel and property.
- Promptly meeting any financial obligations agreed to with HOPE – Child and Family Counseling, Inc when applicable.

PLEASE NOTE: Justification for restriction of a client's rights under the statutes listed above will be documented in the client's record. Documentation shall include a plan with measurable objectives for restoring the client's rights that is signed by the client or the client's parent or guardian and the counselor. In addition, the client affected by such restrictions, his or her parent or guardian, as appropriate, and any agency designated by the client (with appropriate consent) including the below advocates if the client so chooses, shall be notified of the restriction and given a copy of the plan to remove the restriction of rights.

Illinois Guardianship & Advocacy Commission

160 N. LaSalle St., Suite S500 Chicago, IL 60601
[800.232.3798](tel:800.232.3798) or [312.793.5900](tel:312.793.5900)

Equip for Equality, Inc.

20 N. Michigan Avenue, Suite 300
Chicago, IL 60602
[312.341.0022](tel:312.341.0022)
[800.610.2779](tel:800.610.2779) (TTY)

DCFS Service Appeal

Bureau of Quality Assurance
State of Illinois Center
100 West Randolph, Suite 6-200
Chicago, IL 60601
[312.814.6800](tel:312.814.6800)

DHS Appeals

Bureau of Hearings
69 West Washington, 4th Floor
Chicago, IL 60602
[800.435.0774](tel:800.435.0774)
[877.734.7429](tel:877.734.7429) (TTY)