



## **Patient Bill of Rights**

### **Your rights include:**

1. Right to a humane treatment or habilitation environment that affords reasonable protection from harm, exploitation, and coercion;
2. Right to be free from physical and verbal abuse;
3. Right to be free from the use of physical restraints and seclusion unless it is determined that there are no less restrictive methods of controlling behavior to reasonably insure the safety of the client and other persons:
4. Right to be informed about plan of treatment and to participate in the planning, as able;
5. Right to be promptly and fully informed of any changes in the plan of treatment;
6. Right to accept or refuse treatment, unless it is determined through established authorized legal processes that the client is un-able to care for himself or is dangerous to himself;
7. Right to be fully informed of the charges for treatment;
8. Right to confidentiality of client records;
9. Right to have and retain personal property which does not jeopardize the safety of the client or other clients or staff and have such property treated with respect;
10. Right to converse privately, have convenient and reasonable access to the telephone and mails, and to see visitors, unless denial is necessary for treatment and the reasons are documented in the client's treatment plan;
11. Right to be informed of the program's complaint policy and procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the program within a reasonable period of time;
12. Right to have access to their own client records upon written request and to obtain necessary copies when needed; however NIBH may refuse the request if the release of record will be detrimental to the physical or mental health of the client, but NIBH may not refuse a direction by the patient to send the record to another provider.
13. Right to receive a written notice of the address and telephone number of that state licensing authority, i.e. the department, which further explains the responsibilities of licensing the program and investigating client complaints which appear to violate licensing rules;
14. Right to obtain a copy of the program's most recent completed report of licensing inspection from the program upon written request. The program is not required to release a report until the program has had the opportunity to file a written plan of correction for the violations as provided for in these rules; and (b) Such policies and procedures shall also include provisions for clients and others to present complaints, either orally or in writing, and to have their complaints addressed and resolved as appropriate in a timely manner.

### **If you feel your rights have been violated, you may contact any of the agencies listed below:**

1. The State of Georgia Department of Behavioral Health & Developmental Disabilities, office of External Affairs, **(404) 657-5964**  
**Or**
2. Healthcare Facility Regulation (HFR), **404/657-5726, 404/657-5728, 404/657-9639 or 1-800-878-6442 (outside the Atlanta calling area.)** Address: 2 Peachtree St., Atlanta, GA 30303  
**Or**
3. Georgia Advocacy Office in Atlanta, GA. **(404) 885-1234, or 1800-537-2329**  
**Or**
4. Governor's Office of Disability Services Ombudsman, **(404) 656-4261**
5. The Joint Commission: Mail: Office of Quality and Patient Safety, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181  
**Email: complaint@jointcommission.org**  
**Fax: 630-792-5636**

**\*\*\*A copy is provided to stakeholders upon request**