

## Mental Health

*We are pleased that you selected Johnson County Mental Health Center (JCMHC) for your treatment needs. JCMHC staff are committed to treating you with respect, dignity, and concern. The services you receive from us are provided by competent, compassionate professionals. This brochure will help you understand your rights and responsibilities as a client of JCMHC. If, after reading this brochure, you have any questions, please ask your primary treatment provider for further information.*

### I. CLIENT RIGHTS

#### As a client you have certain rights

1. **Dignity and respect.** You have the right to always be treated with dignity and respect, and not to be subjected to any physical or verbal abuse or humiliation .
2. **Freedom from coercion and mistreatment.** You have the right to be free from the use of any type of treatment, technique, intervention or practice, including the use of any type of restraint or seclusion, performed solely as a means of coercion, discipline, retaliation or for the convenience of behavioral health personnel. You have a right to be free of abuse, neglect , financial or other exploitation from peer or behavioral health personnel.
3. **Treatment and referrals.** You have the right to receive treatment in the least restrictive, most appropriate manner. JCMHC will help to access assistance from community resources such as self-help and advocacy groups, other service providers for housing, health care or legal services.
4. **Treatment environment.** You have a right to receive treatment in the least restrictive, most appropriate environment and refuse to participate in research projects.
5. **Privacy.** You have a right to privacy in treatment, including the right not be fingerprinted, photographed or recorded without consent, except for photographs used strictly for identification and administrative purposes, or video recordings used for security and maintained only on a temporary basis.
6. **Freedom from discrimination.** You have a right to receive treatment services free of discrimination based upon, race, religion, ethnic origin, age, sex, sexual orientation, gender identification, disability or medical condition.
7. **Auxiliary aids/services.** You have a right to request auxiliary aids and services including qualified interpreters, and information in alternate formats when such aids and services are necessary to ensure equal opportunity to participate for individuals with disabilities. Should you need assistance procuring auxiliary aids/services or interpreter services, please contact the Office Supervisor at the location where you receive services.

8. **Language assistance.** You have a right to request language assistance services, including translated documents and oral interpretation, when such services are necessary to provide meaningful access to individuals with limited English proficiency. Should you need assistance obtaining interpreter services (translated document or other language assistance), please contact the Office Supervisor at the location where you receive services.
9. **Religious freedom.** You have a right to be free from coercion to engage in or refrain from religious worship or spiritual activity, practice or belief.
10. **Benefits and side effects of medication.** You have a right to an explanation of the potential benefits and any known side effects or other risks associated with all medications that are prescribed for you.
11. **Benefits and risks of treatment.** You have a right to an explanation of the potential benefits and any known adverse consequences or risks associated with any type of treatment that is included in your plan of care.
12. **Alternative treatments.** You have the right to be provided with information about other clinically appropriate medications and alternative treatments, even if the medications or treatments are not the recommended choice of your provider. If you want to know about other treatment alternatives, please discuss this with your treatment provider(s).
13. **Advance directives.** You have the right to exercise your rights by substitute means, including the use of advance directives, a living will, a durable power of attorney for health care decisions, or through springing powers provided for within a guardianship.
14. **Complaints/grievance.** You have the right to make a complaint concerning a violation of any rights listed here or concerning any other matter, and a right to be informed of the procedures and process for making such a complaint. You have a right to receive a response in a timely and impartial manner, as well as be free from retaliation if you choose to file a complaint with JCMHC or another entity.
15. **Fees.** You have right to be informed at the time of admission and before receiving treatment services (unless it is a crisis situation) about the possible charges associated with the services, as well as payment and refund procedures. You have a right to receive services regardless of your ability to pay.
16. **Residential programs:**
  - A. **Personal Communication.** You have a right to receive visitors and make telephone calls as established by program policy and posted conspicuously in the treatment facility unless a) the program director or designee determines and documents in your record a specific treatment purpose that justifies waiving this right and b) you are informed of the reason the right is to be waived and your right to submit a grievance regarding the decision.

- B. **Personal property.** You have a right to privacy in correspondence, communication, visitation, financial affairs and personal hygiene unless a) the program director or designee determines and documents in your record a specific treatment purpose that justifies waiving this right and b) you are informed of the reason the right is to be waived and your right to submit a grievance regarding the decision.
- C. **Personal belongings.** You have a right to maintain, display, and use your personal belongings, including clothing, in accordance with program policy.
- D. **Nutrition.** You have a right to be provided with meals that meet personal nutritional needs.
- E. **Medical care.** You have a right to be referred to medical services, if necessary, to maintain personal, health, safety and welfare.
- F. **Treatment activities.** You have a right to have daily opportunities for social, recreational or rehabilitative activities.

### II. CLIENT RESPONSIBILITIES

#### As a client you have certain responsibilities:

1. **Provide all pertinent information needed for treatment.** This includes your history and reasons for seeking treatment. Unless you pay the full cost of your treatment personally, we will need insurance, financial, and other information from you. Mental health professionals can only know how you feel and what your needs are if you tell them. Open and honest expressions of your thoughts, feelings, and needs are vital components of successful treatment.
2. **Participate in the development of mutually agreed upon treatment goals.**
3. **Follow the plan for treatment.** The mental health professional will assist you or your child to achieve the goals developed on the plan of care. However, much of the effort needed for change will come from you. This includes following instructions for care that you have agreed upon with your primary treatment provider or medical staff.
4. **Keep your appointments or cancel in a timely manner.** We require at least twenty-four (24) hour notice of cancellation. This allows an opportunity for others to use the time. You will be billed for any appointments not canceled within 24-hours.
5. **Let us know of any special arrangements you might need due to a disability or special condition.**
6. **Arrange for care of your children while you are receiving services.** Children may not be left unsupervised in the lobby or hallways while you are meeting with your treatment provider.

7. **Let the primary treatment provider, physician or nurse know if medications are discontinued or problems with medication occur.**
8. **Let agency personnel know if a crisis or emergency situation exists.** If you experience a mental health crisis, please notify JCMHC.
9. **Respect others' confidentiality.** Please keep any information confidential (including identity) about others who might be seeking treatment at JCMHC. All information shared in group sessions should be kept confidential.
10. **Let us know if your name, address, phone number, financial status or information changes.** Your help in keeping our records updated is appreciated.
11. **Let us know if you do not plan to return for services.** If you wish to discontinue services, please let your treatment provider or the receptionist know.
12. **Let agency personnel know if you are dissatisfied with services.** Your comments may be helpful to us in looking at ways to improve services.
13. **Make sure payments for all services are made in a timely manner.**
14. **Treat staff and clients with courtesy and respect.**
15. **Assist us in coordinating your care with any outside provider.** JCMHC staff can only talk with these individuals if you provide written authorization for such communication. Your primary treatment provider can explain why this communication would be beneficial to your treatment.
16. **Assist us in maintaining a safe environment.** The staff strives to make this a safe environment conducive to treatment. Any activity or behavior which is disruptive should be reported immediately. In addition, no weapons of any type are allowed in any JCMHC facility with the exception of law enforcement who are in the facility on official police business.
17. **Participate in your child's treatment if your child receives services at JCMHC.** You will be asked to give consent for treatment, and to participate in the development and implementation of your child's treatment plan.
18. **Respect the rights and property of others.** You are expected to take care of your own personal property and stay away from others' possessions. You are expected to treat JCMHC property respectfully. We reserve the right to refuse to serve you if you are under the influence. If we suspect you are operating a motor vehicle under the influence a report will be made to local law enforcement

### III. PROCEDURES

- a. **Procedure for changing treatment providers.** In the event you do not feel you can work with your assigned primary treatment provider, you may request a transfer to another member of our staff. Typically, it is best to discuss this with your primary treatment provider. If you do not feel comfortable doing this, the receptionist will help you contact the appropriate Team Leader or Division Director.
- b. **Procedure for discontinuing treatment.** If you wish to discontinue treatment prior to the agreed upon time in the plan of care, please discuss this with your primary treatment provider. This is especially important if you are receiving medication therapy because suddenly stopping certain medications can have serious consequences.
- c. **Procedure for voicing complaints, grievances or recommend changes in Services.** If there is a problem which prevents you from receiving help or benefit from JCMHC services, please let staff know. It is best to discuss problems first with your primary treatment provider. If you do not feel comfortable doing this, the receptionist will help you contact the appropriate Team Leader or Division Director. If you prefer to speak with someone who is not directly responsible for your treatment, you can contact the Manager of Quality & Integrity who is responsible for addressing any issues related to the quality of the services provided at the JMCHC. As a final option, you may contact the Director with any concerns. If you feel as though the JCMHC has not adequately addressed your concerns or you wish to directly file a grievance with another entity, you may, at any time, contact a representative from the Kansas Department of Aging and Disability Services (KDADS), Division of Behavioral Health at:

Kansas Department of Aging and Disability Services (KDADS)  
 New England Building 503 S. Kansas Ave. Topeka, KS 66603  
 Main: 1-(785)-296-4986  
 TTY Number: 1-(785)-291-3167  
 Toll Free (in Kansas Only) (800)-432-3535  
 Or  
 Office of Civil Rights  
 U.S Department of Health & Human Services  
 200 Independence Avenue, SW  
 Room 509F, HHH Building  
 Washington, D.C. 20201  
 Toll Free: (800)-368-1019  
 TTD Toll Free (800)-537-7697

### IV. FEES AND INSURANCE

JCMHC provides service to all residents of Johnson County regardless of ability to pay. Before your first appointment we will determine your fee based on household income, family size and certain financial obligations. We ask that you provide complete and accurate financial information so that any discounted fee can be set appropriately. No Johnson County resident will be denied medically necessary service based on an inability to pay.

Information about your personal finances, including available third party payment sources, such as insurance, must be provided unless you choose to pay the full cost of services without assistance.

Please keep your account current. If you experience a financial hardship, notify your primary treatment provider. They can arrange for your fee to be re-evaluated or a payment plan to be setup.

If you do not follow through with the payment plan in good faith, JCMHC may suspend or deny services.

Problem accounts may be referred to a collection agency.

### LOCATIONS

#### Adolescent Center for Treatment

920 W. Spruce St.  
 Olathe, KS 66061  
 (913) 782-0283

#### Adult Detoxification Unit

11120 W 65th St.  
 Shawnee, KS 66203  
 (913) 826-4100

#### Mission Office

6000 Lamar Ave. Suite 130  
 Mission, KS 66202  
 (913) 826-4200

#### Olathe Office

1125 W. Spruce St.  
 Olathe, KS 66061  
 (913) 826-4200

#### Shawnee Office

6440 Nieman Rd.  
 Shawnee, KS 66203  
 (913) 826-4200

24 HR Emergency Services	(913) 268-0156
Mental Health Services	(913) 826-4200
24 HR Cancellation Line	(913) 715-7849
Mental Health Center Director	(913) 826-4022
Compliance/Privacy Officer	(913) 826-1563

### OUR VISION

*Placing the needs of our clients first, we are committed to building a healthy community through excellence in behavioral health care.*

### OUR MISSION

*Johnson County Mental Health Center's mission is to improve the mental health and quality of life for Johnson County residents. Our staff accomplishes this by providing mental health and substance abuse services tailored to the needs of those we serve, which are of the highest quality and easily accessible to all residents.*