



Patient Rights and Responsibilities

You Have the Right To:

- ◆ To be treated with dignity and respect
- ◆ To a safe, sanitary environment that promotes privacy and dignity that is free from abuse, neglect, exploitation and restraint or seclusion of any form used as a means of coercion, discipline, convenience or retaliation;
- ◆ Treatment services free of discrimination based on race, religion, ethnic origin, national origin, evidence of insurability, sexual orientation, age, disability, medical condition, or ability to pay for services;
- ◆ To receive communication in a language the patient can understand;
- ◆ To receive information and education that is easily understood regarding their medical/psychiatric condition, expected outcomes and treatment options, and prescribed medications, including side effects, risks and benefits. Patients in substance treatment should be informed if medication compliance is a condition of treatment and discharge plans of medication;
- ◆ To participate in the development of an individualized plan with periodic review and revision, as appropriate, of said individualized plan;
- ◆ To be able to refuse treatment or withdraw consent to treatment, unless such treatment is ordered by a court or is necessary to save the patient's life or physical health. Patients refusing treatment should be informed of possible consequences of that decision;
- ◆ To receive a referral to another program/service if Ashley Clinic is unable to provide a service that the patient requests or as indicated in the assessment or treatment plan of the patient;
- ◆ That in the event Ashley Clinic refers the patient to the provider and/or healthcare entity, outside of the Ashley Clinic, Ashley Clinic will follow-up with said provider and/or healthcare entity to ensure continuity of care;
- ◆ To receive treatment recommendations and referrals, if applicable, if the patient is to be discharged or transferred;
- ◆ Privacy in treatment including the right not to be fingerprinted, photographed or recorded without consent, with the exception of photographing for identification/administrative purposes or video recordings used for security purposes;
- ◆ To receive assistance from a family member, designated representative or other individual in understanding, protecting or exercising the patient's rights;
- ◆ To be treated in the least restrictive environment and manner consistent with the patient's legal status and patient's clinical condition, and which preserves the patient's safety and the safety of other patients and Ashley Clinic staff;
- ◆ To confidential, private communication including telephone calls, letters and personal visits with the patient's provider, attorney, clergy, Department of Aging and Disability Services, or other individuals unless restriction of such communication is clinically indicated and

documented in the record;

- ◆ To consent in writing, refuse to consent, or withdraw written consent to participate in research, experimentation or a clinical trial that is not a professionally recognized treatment without affecting the services available to the patient;
- ◆ To be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice or belief and to be able to practice their individual religious beliefs;
- ◆ The ability to exercise a grievance procedure to resolve differences and to receive a response to a grievance in a timely and impartial manner;
- ◆ Freedom from retaliation for submitting a grievance to Ashley Clinic administration, the Department of Social and Rehabilitation Service, or other entity;
- ◆ The ability to obtain a copy of their medical record at the patient's expense;
- ◆ To be informed, at the time of registration or before receiving services, of any fees the patient is expected to pay, and of refund policies, except for treatment during a crisis situation;
- ◆ An explanation of the bill for services, information on payment options including financial assistance and counseling regarding other financial resources; and
- ◆ Confidentiality of protected health information, which will not be released to other parties without appropriate consent.

Patient Responsibility include:

- ◆ Providing accurate, complete, and up-to-date information about your health including present concerns, past illnesses, surgeries, hospitalizations and emergency room/urgent care visits, and medications;
- ◆ Showing respect to and consideration of the rights of other patients, Ashley Clinic staff and providers, including respect for property;
- ◆ Providing information needed for insurance claims and working with staff to make payments and/or applying for reduced fees;
- ◆ Following your individualized treatment plan;
- ◆ Following Ashley Clinic policies;
- ◆ Expressing concerns or complaints so they may be addressed;
- ◆ If Ashley Clinic staff is exposed to patient's blood or other bodily fluid, consenting to testing for Human Immunodeficiency Virus, Hepatitis, and/or other blood-borne illnesses.

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Public Health Division
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(785) 296-1086

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Room 509F, HHH Building
Washington, D.C. 20201
Toll-Free Phone: 1-(877) 696-6775
Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>
Email: OCRComplaint@hhs.gov