



A STATEMENT OF THE PATIENT'S RIGHTS/RESPONSIBILITIES

As a behavioral healthcare facility, we are committed to delivering quality psychiatric care to you, our patient, and to making your care as pleasant as possible. The following "Statement of Patient's Rights" was developed by the Department of Health. The administration and staff of Berkshire Wellness Center of Reading endorse these rights. It is our goal to provide effective, considerate psychiatric care within our capacity, mission, philosophy, applicable law and regulation. We submit these to you as a statement of our policy.

You have the right to respectful care, given by competent personnel, which reflects consideration of your personal value and belief systems and which optimizes your comfort and dignity.

You have the right to know what outpatient rules and regulations apply to your conduct as a patient.

You have the right to expect care to be implemented without necessary delay.

You have the right to good quality care and high professional standards that are continually maintained and reviewed.

You have the right to expect good management techniques to be implemented within the outpatient program, the avoidance of unnecessary delays.

You have the right to psychiatric services without discrimination based upon race, color, religion, gender, sexual preference, age, disability, national origin, or source of payment.

You have the right, in collaboration with your physician, to make decisions involving your health care. This right applies to the family and/or guardian of children and adolescents.

You have the right to every consideration of privacy concerning your psychiatric care. Treatment is considered confidential and will be conducted discreetly, giving reasonable visual and auditory privacy when possible.

You have the right to have all information, including records, pertaining to your psychiatric care treated as confidential, except as otherwise provided by law or third-party contractual arrangements.

You have the right to have your medical records read only by individuals directly involved in your care, by individuals monitoring the quality of your care, or by individuals authorized by law or regulation. Access to and release of medical records are guided by the policies Confidentiality: Client Control Over Release of Information and Confidentiality: Client Access Information, and you have a right to a copy of those policies.

You have the right to be communicated with in a manner that is clear, concise and understandable. If you do not speak English or are hearing impaired, you may request an interpreter or an auxiliary aid.

You, and/or your designated legal representative, have the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications.

Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any treatment.

You have the right not to be involved in any experimental, research, donor program or educational activities unless you, or your designated/legal representative, have given informed consent prior to the actual participation in such a program. You or your designated/legal representative may, at any time, refuse to continue in any such program to which informed consent has previously been given.

You have the right to refuse any drugs, treatment, or procedure offered by the outpatient program, to the extent permitted by law, and a physician shall inform you of the psychiatric or medical consequences of such refusal.

You have the right to an ethical consultation regarding ethical issues surrounding your care within the framework established by this organization.

You have the right to formulate, produce a copy of or request information on advance directives, or to appoint a surrogate to make healthcare decisions on your behalf.

You have the right to assistance in obtaining a consultation with another physician at your cost and expense.

You have the right to withdraw from treatment at any time and to seek services elsewhere.

You have the right to examine and receive a detailed explanation of your bill.

You have the right to full information and counseling on the availability of known financial resources for further care.

You have the right to expect that the outpatient program will provide a mechanism whereby you are informed upon discharge of continuing healthcare requirements following discharge and the means for meeting them.

You cannot be denied the right of access to an individual or agency who is authorized to act on your behalf to assert or protect the rights set out in this section.

If disabled, you have the right to expect reasonable and equal access to the facilities, services, and programs of this outpatient program.

Information regarding your rights as a patient should be provided to you during the admissions process or at the earliest possible appropriate moment during the course of your treatment.

You have the right, without recrimination, to voice complaints regarding your care, to have those complaints reviewed and, when possible, resolved.

You have the right to be free from verbal or physical abuse or harassment.

The outpatient program is a restraint-free environment and you have the right to be free from the use of seclusion and restraints as a means of coercion, convenience, or retaliation by staff.

A STATEMENT OF THE PATIENT'S RESPONSIBILITIES

As a patient, you should assume responsibility for the following:

The outpatient program expects that you or your family will provide information about past illnesses, hospitalization, medication and other matters relating to your health/psychiatric history in order to effectively treat your illness.

The outpatient program expects that you will cooperate with all outpatient program personnel and ask questions if directions and treatment are not clearly understood.

You are expected to be considerate of other patients and outpatient program personnel and to assist in the control of noise. The Outpatient Program facility is a smoke-free environment. You are also expected to be respectful of the property of other persons and the property of the health center.

In order to facilitate your care and the efforts of the outpatient program personnel, you are expected to help the physicians, nurses, and therapists in their efforts to care for you by following their instructions and your treatment plan.

Only authorized members of your family are expected to be available to outpatient program personnel for review of your treatment in the event you are unable to properly communicate with the physicians or therapist.

It is understood that you assume the financial responsibility of paying for all services rendered either through third-party payer (your insurance company) or being personally responsible for payment for any services that are not covered by your insurance policies.

It is expected that you will not take drugs which have not been prescribed by your physician; and that you will not complicate or endanger the healing process by consuming excessive amounts of alcoholic beverages or toxic substances during your treatment.



Procedure:

1. Each clinical department will display a notice of the Patients' Rights in both English and Spanish.
2. Upon admission, each patient will receive a copy of the Patient Information booklet. Copies are available in both English and Spanish.

Discrimination

If you have a complaint of discrimination, a grievance can be filed with any of the following:

1. *U.S Department of Health and Human Services*
2. *Department of Public Welfare Bureau of Equal Opportunity (BEO)*
3. *Pennsylvania Human Relations Commission (PHRC)*