

Individual and Client Rights

King County Behavioral Health Administrative Services Organization (BH-ASO)

You have the right to:

1. Receive information regarding your behavioral health status
2. Receive all information regarding behavioral health treatment options including:
 - alternative or
 - self-administered treatment
3. Receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment)
4. Participate in decision regarding your behavioral health care, including the right:
 - to refuse treatment, and
 - to express preferences about future treatment decisions
5. Choose a qualified behavioral health service provider when available and medically necessary
6. Receive age and culturally appropriate services
7. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service.
8. Refuse participation in any religious practice
9. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability
10. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency and cultural differences:
 - Receive information you request and help in the language or format of your choice
 - Be provided a certified interpreter and translated material at no cost to you
 - Receive services in a barrier free location (accessible)

11. Be treated with respect and dignity regardless of race, gender, veteran status, religion, marital status, national origin, physical disabilities, mental disabilities, age, sexual orientation, or ancestry.
12. Be free of any sexual harassment or exploitation including physical and financial exploitation
13. Be treated with consideration of your privacy to the extent required by law,
14. Exercise rights regarding your personal and health information in accord with state and federal confidentiality regulations
15. Request and receive a copy of your medical record and be given an opportunity to request amendments or corrections
16. Right to review your record in the presence of the administrator or designee
17. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
18. Be free to exercise your rights and to ensure that to do so does not adversely affect the way you are treated
19. Receive a copy of complaint or grievance procedures
20. Submit a complaint or concern (or have a designee do so on your behalf), verbally or in writing, about any aspect of care or service other than a Notice of Action.
21. Submit a report to the Department of Health when you feel a provider has violated a rule for behavioral health agencies.
22. To appeal a King County BH-ASO authorization decision resulting in a denial of any aspect of care or service (Notice of Action), and to receive help from the BH-ASO in filing it.
23. Access emergency care 24 hours a day, 7 days a week; regardless of insurance status, income level, ability to pay and county of residence
24. Be informed of your right to create and maintain a mental health advance directive (MHAD), and

- Receive help in creating and maintaining one,
- Decide who will make medical decision for you if you cannot make them.

For more information see: <https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-advance-directives>

25. To access the Ombuds for help regarding your rights regardless of insurance status, income level, ability to pay and county of residence

To reach the King County Behavioral Health Ombuds call: 1-800-790-8049 (ext. 3)

You may also contact the Office of Civil Rights for more information at <http://www.hhs.gov/ocr>.

Assistance is Available:

If you have questions about any part of this letter, or need this form in another language or a different format such as American Sign Language (ASL), oral interpretation, Braille, or large print, please call us at 1-800-790-8049 or please contact us through our Telecommunication Relay Service (TTY) at 1-800-833-6384 or dial 7-1-1. All accommodations or requests for alternative formats are provided at no cost.