



DAVIS BEHAVIORAL HEALTH CONSUMER RIGHTS STATEMENT

As a consumer of services at Davis Behavioral Health, including consumers who are enrolled in the Prepaid Mental Health Plan, you have the right to:

- Be treated with respect and dignity
- Have access DBH's 24-hour crisis services (773-7060)
- Have your privacy protected, including receiving a copy of our Notice of Privacy Practices
- Get information on all treatment options presented in a manner that is understandable to you
- Take part in treatment decisions regarding your mental health care, including the right to refuse treatment
- Be free from restraint or seclusion if it is used to coerce (force), discipline or used as a reaction (to retaliate), or for convenience, as specified in federal regulations on the use of restraint and seclusion
- Get a copy of your medical record and, if appropriate, ask that it be amended or corrected, when allowed by federal law
- Be asked for written authorization before any interviews are audio or video taped.
- Get mental health care regardless of your race, color, national origin, disability (mental or physical), gender, religion or age in the admission, treatment or participation in our programs, services and activities. If you have questions or feel you have been treated unfairly or discriminated against for any reason, you may contact the Client Relations Officer, Shelly Tanner, at 801.336.1800.
- Discuss any dissatisfaction with your therapist, your therapist's supervisor, or the program supervisor. You also have the right to file a consumer grievance with the Client Relations Officer, Shelly Tanner, by calling 801.336.1800.

If you are a consumer enrolled in the Prepaid Mental Health Plan, you also have the following rights:

- Get information on the Prepaid Mental Health Plan
- Get mental health services according to Davis Behavioral Health's access and quality standards

Client Initials _____

CONSUMER RESPONSIBILITIES

- Protect the privacy of other clients. This includes not divulging information about clients in group treatment, the content of the group treatment, or in any way identifying the members of the group
- Arrive promptly for the scheduled appointments. If you are a parent/guardian and your child is in treatment, you are responsible to make the necessary arrangements for the child to come for the scheduled appointment
- Notify your therapist at least 24 hours in advance (if possible) if you are unable to make a scheduled appointment
- Pay your co-pay each time you receive services. If a third party payor (or insurance) is involved, you are also expected to promptly provide any necessary information (carrier, policy numbers, etc), and to **obtain any prior approval necessary for payment of services**. At time of intake, the application for treatment has a release, which you sign; stating that any information needed to be provided to an insurance carrier for payment is being authorized
- If your insurance company denies payment or otherwise does not pay, you may then become responsible for partial or full payment of services provided (depending on the reason for the denial)
- Inform the receptionist or business office if there are any changes in your financial situation, address or telephone number
- Telephone calls: A telephone call to your therapist or case manager is a billable service. You may be charged your co-pay for phone calls over five minutes

Please initial all that apply:

- _____ I am aware of how to access DBH's 24-hour crisis service (801.773.7060)
- _____ I am aware of how to access alternative methods of transportation (for clients enrolled in the Prepaid Mental Health Plan)
- _____ I am aware of how to access DBH's grievance (complaint) process
- _____ I have received DBH's Medicaid Member Handbook
- _____ I have received DBH's Notice of Privacy Practices
- _____ I have been provided with information regarding Advanced Directives and know that I may ask a therapist about any questions I may have

Choose one:

- _____ DBH may contact me at the following phone #, but may NOT leave a message
- _____ DBH may leave a voice message for me at the following phone # _____
- _____ DBH may NOT contact me via phone

I hereby acknowledge that I have read and understand this form.

Signature

Date

Witness Signature

Date