

**LEE MENTAL HEALTH CENTER, INC.**  
**CLIENT RIGHTS AND RESPONSIBILITIES & PRIVACY PRACTICES NOTICE**

Lee Mental Health Center is a private, nonprofit agency that was started in 1969 by individuals in the community who were concerned about mental health. The Center is supported by client fees as well as specific program funding from various government agencies, grants, donations, etc.

**MISSION STATEMENT**

Lee Mental Health provides mental health advocacy and quality services for our community.

**CLIENT RIGHTS AND RESPONSIBILITIES**

The following are general statements of your rights and responsibilities. Your rights and responsibilities as a client in programs such as Crisis Stabilization Unit, substance abuse, or specific residential programs, will be given to you in writing upon your admission to those programs. If you would like assistance in reading this or if you want more detailed information, please speak with a staff person who is assisting you with the services you are receiving, for a verbal explanation.

**CIVIL RIGHTS**

All Lee Mental Health Center clients have the same civil rights as do all citizens of the State of Florida and the United States of America. Lee Mental Health Center does not discriminate in the provision of services on the basis of age, race, color, national origin, gender, marital status, sexual orientation, religion, or disability.

**PATIENT RIGHTS**

Patient rights, as outlined in Florida's Patient Bill of Rights and/or federal regulations include, but are not limited to: The right to quality treatment, the right to refuse services, the right to confidentiality, the right to dignity, the right to privacy, the right to receive humane care, the right to access one's own record, and the right to a fair and equitable procedure to register a complaint. Exceptions to any of these described rights do exist and will be discussed on an individual basis at the request of the individual.

**GENERAL STATEMENT OF CLIENT RIGHTS**

1. Be informed, in writing, and verbally if needed or requested, of your rights and responsibilities as a client who is receiving services at Lee Mental Health Center.
2. Be treated with respect and dignity.
3. Be offered the least restrictive means of treatment with maximum potential for benefit.
4. Receive a personalized assessment of your needs.
5. Know how much money your treatment may cost and how the amount you are to pay was decided.
6. Have a staff person or team of staff assigned especially to you to work with you on solving your

challenges.

7. Be offered services that begin within a reasonable time.
8. Be informed of any actions, procedures, or decisions that may affect you and your treatment at the Center.
9. Have an individual treatment plan or service plan developed with your input that will be reviewed on a regular basis.
10. Be offered services in an environment that is comfortable, clean, and safe.
11. You may refuse any form of treatment or service unless the service has been ordered by a court, or in an emergency situation when needed to prevent harm to yourself or others. As appropriate, you will be informed when your situation may get worse if you do not receive treatment or services.
12. Be discharged from services when you have reached your treatment goals/objectives and/or have received the maximum benefit from your services.
13. Be referred to or provided information about community based support programs.
14. Be given information about any medication that is prescribed for you by a Lee Mental Health Center physician, including the possible side effects, purposes and benefits, and potential risks. You have the right to a regularly scheduled review of your condition and medication by your physician. You may refuse medication, except when it is court-ordered or in emergency situations as defined by Florida Statutes.
15. Be given full information regarding Lee Mental Health Center's procedure regarding a Tobacco/Smoke Free environment at all of our facilities, properties, and programs.

### **GENERAL STATEMENT OF CLIENT RESPONSIBILITIES**

1. Take the responsibility for participating in your treatment as mutually agreed upon in treatment plan.
2. Pay for services at the time they are rendered. When no payment or arrangements for payments have been made for balances over 90 days, you may be denied services until payment or payment arrangements are made. You will be responsible for all balances even after your services have ended.
3. You have the responsibility to attend sessions/treatment/services as scheduled or to cancel as soon as possible, but at least 24 hours in advance.
4. You have the responsibility to cooperate with Lee Mental Health Center's Tobacco/Smoke Free environment procedure at all of our facilities, properties, and programs. Failure to follow this procedure, and repeated violations, will result in consequences which may impact the services you receive. For specific information regarding consequences refer to the information for the specific program you are participating in at any given time.
5. You have the responsibility to treat all individuals at Lee Mental Health Center with courtesy and respect.

### **CLIENT FEE POLICY**

We are able to provide services to our community at a reasonable rate, in part, because of financial support by the State of Florida, Lee County, and United Way.

Persons are expected to pay at the time services are delivered. Clients may qualify for reduced fees based upon the gross income of all family members living in the same household. You are expected to discuss

frankly and honestly sources of income and provide verification of income so that we can establish a fee and satisfy State and Federal requirements.

**IF NO PROOF OF INCOME CAN BE PROVIDED, THE CLIENT WILL BE CHARGED THE STANDARD FULL FEE FOR SERVICE.**

Clients who have health insurance benefits will be expected to assign the insurance to the Center so a claim can be filed. The client will be responsible for their portion of the fee at the time service is rendered.

Lee Mental Health Center will not be liable for payment of any medical services that you may require while at the Center if not provided by LMHC.

### **CUSTOMER SATISFACTION**

What our customers think of the services they received at Lee Mental Health Center is very important to us. Please feel free to tell staff members when you are satisfied or dissatisfied with our services. At appropriate times you will receive customer satisfaction surveys. We appreciate your answering the questions and offering any comments, criticisms, or suggestions that will help us to continue to improve our quality of customer care.

### **PRIVACY PRACTICES NOTICE (HIPAA)**

This notice originally became effective on April 14, 2003.

**This notice describes how information about you (our client) may be used and disclosed and how you can get access to this information. Please review it carefully.**

Lee Mental Health Center (LMHC) is required by law to maintain the privacy of your information, and to provide you with this notice of our legal duties and privacy practices with respect to this information.

### **USES & EXAMPLES OF DISCLOSURES OF INFORMATION FOR TREATMENT AND LMHC OPERATIONS AND SERVICES**

*We will use your information for treatment.*

**For example:** Information obtained by your clinician, resource coordinator, or service provider will be recorded in your clinical record and used to help determine the course of treatment that you and your treatment team believe will work best for you. The clinician, resource coordinator, or service provider will record the actions they took and their observations. Other members of your treatment team will review your clinical record to assess how your treatment is progressing.

*We will use your information in our day-to-day operations to assess your care and to seek to provide you with the best possible care.*

**For example:** Members of the LMHC clinical staff, in order to perform quality improvement or risk management activities, may use information in your clinical record to evaluate the care and outcomes in your situation and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of your care and the service we provide to all people we serve.

*We may use your information to contact you to remind you of your appointments.*

*We may disclose your information to our business associate so that they can perform the job we've asked them to do.* There are some services provided to our organization through contracts with external business associates. Examples include transcription services, and a copy service we use when making copies of your clinical record (when requested and authorized by you). A dietician and a pharmacist also provide services to some individuals served by LMHC. To protect your information, we require the business associate to appropriately safeguard your information. At your request, we will disclose to you who these associates are and share with you how these associates protect your information.

### **USES & EXAMPLES OF DISCLOSURES OF INFORMATION WITH YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures of your confidential information will be made only with your written authorization, unless otherwise permitted or required by law.

You must give specific written permission before being filmed, taped, etc., or becoming part of a research project.

You have the right to determine the amount and type of information to be released to anyone outside LMHC. You also have the right to determine the amount and type of information to be sent to LMHC from outside persons or agencies. You have the right to determine the length of time that information can be released. LMHC procedures allow permission to be valid for one time only or up to 365 days. You may cancel your permission to release the information at any time, except for information already released.

### **USES & EXAMPLES OF DISCLOSURES OF INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

There are several important instances when confidential information may be released to others without your permission.

If we have reason to believe that you are abusing or neglecting your children, or if you tell us your spouse or someone else is abusing your or any other children, we are obligated by law to report this to the appropriate agency. The law is designed to protect children from harm and the obligation to report suspected abuse or neglect is clear in this regard.

If you are receiving mental health services, and we have reason to believe that you are abusing, neglecting, or exploiting an aged person or disabled adult, or if you tell us that someone is abusing, neglecting, or exploiting an aged person or disabled adult, we are obligated to report this to the appropriate agency.

If you indicate you intend to harm either yourself or someone else, and we believe your intent to be serious, we are obligated under the law to take action to protect you and/or other people from harm. This may include initiating a Baker Act, contacting law enforcement, or other means to keep you and others free from harm.

If we diagnose you as having a reportable communicable disease such as TB, hepatitis, HIV/AIDS, or a sexually transmitted disease, we are required by law to report this to the Health Department.

If you are experiencing a life-threatening or potentially disabling medical emergency, we are required to release to medical personnel the minimum amount of information necessary to quickly aid the situation (for example: diagnosis, medication). The information will be given only on a need to know basis.

In some instances, a court of law can obtain information about you without your permission. Although LMHC does not automatically release information about you to the court when it receives a court order, a judge may set aside your rights to privileged communication. If you have been referred by the court (court-ordered), you should discuss with us exactly what information you wish included or not included in a report to the court. You should also be aware that failure to release information to a court or a referral agency may have adverse consequences for you.

The state of Florida may require that some of our programs release your social security number and other personal information to qualified state personnel for the purpose of auditing, reporting, and/or program evaluation. The state is also governed by federal regulations and state laws that protect your right to confidentiality.

Considering the exceptions to confidentiality, you should remember that you have the right to tell us only what you want us to know. If you have concerns about confidentiality, please discuss them with us before you share personal information.

### **YOUR RIGHTS (as provided by HIPAA)**

You have the right to see your record and/or obtain a copy of it for a fee after a written request has been received.

You have the right to amend or enter notes into your clinical record, or record your own observations and comments at any time. This applies to receiving services as an outpatient or in any residential or crisis program. Please contact our Privacy Officer/Clinical Records Director if you have questions about this.

Even though all disclosures we already make are minimally necessary, you have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or healthcare operations. Also, you have the right to request a restriction on the people who are able to obtain the information we disclose. To request a restriction or limitation, please send your request in writing to the Privacy Officer/Clinical Records Director. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

You have the right to request to receive confidential communication from us by alternative means or at an

alternative location. We will accommodate requests. We may ask you for information as to how payment will be handled or how to contact you (by address or phone number). We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer/Clinical Records Director.

You have the right to receive an accounting of disclosures we have made (with the exception of those we are not permitted to disclose), if any, of your confidential information. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

You have the right to receive a paper copy of this notice from us, upon request.

We are required to abide by the terms of this Privacy Practices Notice. If we revise this notice, we will distribute copies to active clients. The revised notice will be effective for all confidential information that we maintain at any time. You may also obtain a copy of the notice by accessing our website ([www.leementalhealth.org](http://www.leementalhealth.org)), calling LMHC and requesting that a copy be sent to you, or asking for one at the time of your next visit. If you have any questions about this notice please contact the Privacy Officer/Clinical Records Director, or Compliance Director at: (239) 275-3222.

### **RIGHT TO A COMPLAINT PROCEDURE**

Lee Mental Health Center provides clients, their relatives, legal representatives, and other concerned persons with the right to initiate and file a written complaint when there is dissatisfaction with the Center operation, the delivery of services, staff actions, and/or a perceived violation of rights. If you are unhappy with the services you are receiving or feel you have been treated unfairly, you may discuss your concern with the involved staff person or the program supervisor. If you wish, you may share your concerns with us by filing a written complaint.

Complaint forms are available at reception or secretarial desks in each Center facility. Please complete the form and return it to the reception desk or mail it to the supervisor of the involved program.

Lee Mental Health Center  
2789 Ortiz Avenue  
Fort Myers, FL 33905

Staff will be happy to assist you in completing this form if requested to do so.

Lee Mental Health Center follows specific procedures for responding to written complaints. These include, but are not limited to, reviews and investigations of the problem by supervisors of involved programs as part of the Quality Management process. You will be contacted by staff about your concern within a reasonable period of time. Staff will work with you to resolve the complaint. If you are still not satisfied with the results, you may contact the Vice President of Community Relations. If you remain dissatisfied with the outcome, you may contact the following State of Florida Children & Families Departments:

Florida Department of Children and Families  
District Office of Alcohol, Drug Abuse, and Mental Health  
1-239-338-1262

Florida Local Advocacy Committee (FLAC)  
1-239-338-3301

The Advocacy Center for Persons With Disabilities  
1-800-342-0823

### **RIGHT TO REPORT ABUSE**

Lee Mental Health Center staff abides by state and federal regulations regarding abuse and neglect/exploitation reporting. We will not knowingly abuse, neglect, or exploit clients. Any client, adult or child, who feels they have experienced abuse, neglect, or exploitation at Lee Mental Health Center, should call:

The Florida Abuse Hotline  
1-800-962-2873

(Revised 3/10)