



COMMUNITY SERVICES DEPARTMENT

Justin Johnson, Interim Director

Spokane County Counseling and Recovery Services (CAREs)

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Individual Rights and Responsibilities Washington Administrative Code (WAC) 246-341-0600

- 1. Persons receiving services from the Spokane County CAREs have the right to the following:**
 - 1.1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability;
 - 1.2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
 - 1.3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
 - 1.4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
 - 1.5. Be free of any sexual harassment;
 - 1.6. Be free of exploitation, including physical and financial exploitation;
 - 1.7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
 - 1.8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
 - 1.9. Receive a copy of agency grievance system procedures according to WAC 182-538D-0654 through 182-538D-0680 upon request and to file a grievance with the agency, or the individual's Managed Care Organization, if applicable, if you believe your rights have been violated; and
 - 1.10. Submit a report to the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.

- 2. Each agency must ensure the applicable individual participant rights described in subsection 1 of this section are:**
 - 2.1. Provided in writing to each individual on or before admission;
 - 2.2. Available in alternative formats for individuals who are visually impaired;
 - 2.3. Translated to the most commonly used languages in the agency's service area;

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- 2.4. Posted in public areas; and available to any participant upon request.
3. **Each agency must ensure all research concerning an individual whose cost of care is publicly funded is done in accordance with chapter 388-04 WAC, protection of human research subjects, and other applicable state and federal rules and laws.**
4. **In addition to the requirements in this section, each agency providing services to Medicaid recipients must ensure an individual seeking or participating in behavioral health treatment services, or the person legally responsible for the individual is informed of their Medicaid rights at time of admission and in a manner that is understandable to the individual or legally responsible person.**
5. **The grievance system rules in WAC 182-538D-0654 through WAC 182-538D-0680 apply to an individual who receives behavioral health services funded through a federal Medicaid program or sources other than a federal Medicaid program.**
6. **By law, Medicaid Enrollees have rights regarding the health care services they receive, and they also have certain responsibilities to help maintain and improve their health and voice unnecessary costs.**
 - 6.1. You have the right to:
 - 6.1.1. Help make decisions about your behavioral health care, including refusing treatment.
 - 6.1.2. Be informed about all treatment options available, regardless of cost.
 - 6.1.3. Get a second opinion from another provider in your health plan.
 - 6.1.4. Get services without waiting too long.
 - 6.1.5. Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
 - 6.1.6. Speak freely about your health care and concerns without any bad results.
 - 6.1.7. Have your privacy protected and information about your care kept confidential.
 - 6.1.8. Ask for and get copies of your medical records.
 - 6.1.9. Ask for and have corrections made to your medical records when needed.
 - 6.1.10. Ask for and get information about:
 - 6.1.10.1. Your health care and covered services.
 - 6.1.10.2. Your provider and how referrals are made to specialists and other providers.

- 6.1.10.3. How the health plan pays your providers for your medical care.
- 6.1.10.4. All options for care and why you are getting certain kinds of care.
- 6.1.10.5. How to get help with filing a grievance or complaint about your care.
- 6.1.10.6. Your health plan's organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- 6.1.11. Receive your Member's Rights and Responsibilities in writing at least yearly. Your rights include mental health and drug and alcohol treatment services.
- 6.1.12. Receive a list of crisis phone numbers.
- 6.1.13. Receive help completing mental or medical health advance directive forms.
- 6.2. You have the responsibility to:
 - 6.2.1. Help make decisions about your mental health and drug and alcohol treatment service, including refusing treatment.
 - 6.2.2. Keep appointments and be on time. Call your provider's office if you are going to be late or if you have to cancel the appointment.
 - 6.2.3. Give your providers information they need to get paid for providing services to you.
 - 6.2.4. Show your providers the same respect you want from them.
 - 6.2.5. Bring your Services Card and health plan ID card to all of your appointments.
 - 6.2.6. Learn about your health plan and what services are covered.
 - 6.2.7. Use health care services when you need them.
 - 6.2.8. Know your health problems and take part in making agreed-upon treatment goals as much as possible.
 - 6.2.9. Give your providers and health plan complete information about your health so you can get the care you need.
 - 6.2.10. Follow your provider's instructions for care that you have agreed to.
 - 6.2.11. Use health care services appropriately.
 - 6.2.12. Inform the state right away if your family size changes (such as pregnancy, births, adoptions) or your circumstances change (such as a new address, change in income, or becoming eligible for Medicare or other insurance).
 - 6.2.13. Renew your coverage annually using the WA Healthplanfinder website at www.wahealthplanfinder.org. You also can use this website to report changes to your account. If you use the local Community Service Office

(CSO), remember to complete eligibility requests by mail or online at Washington Connection, www.washingtonconnection.org.

Individual's Printed Name:	Individual's Signature:
Today's Date:	
Printed Name of Parent/Guardian/Health Care Agent (proxy)/other representative if the individual is not competent to give consent:	Signature of Parent/Guardian/Health Care Agent (proxy)/other representative if the individual is not competent to give consent:
Relationship to the Individual:	Today's Date:

- The Individual or Guardian was offered and accepted a copy of these rights.
- The Individual or Guardian was offered and declined a copy of these rights.