

*The MISSION of the Mental Health Center of Dane County, Inc. (MHDCDC) is to provide individuals and families with high quality, community based and recovery oriented mental health, substance abuse, and advocacy services that respect cultural differences and foster hope, strength, and self determination. Priority will be given to individuals and families with high needs and low resources.*

## TREATMENT RIGHTS

- ✓ You have the right to receive prompt/adequate services. If you meet MHDCDC program criteria, services will be provided as described in the mission above, within the limits of available funding and in the least restrictive manner and setting appropriate to your treatment needs.
- ✓ You have the right to receive services in a clean and safe environment.
- ✓ You have the right to be treated with respect and dignity by all MHDCDC employees, free from verbal, emotional, and sexual abuse. You will not be treated in a hurtful or harmful way or discriminated against because of your race, ethnic background, gender, sexual orientation, physical appearance, age, religious preference, disability or other class protected under local, state/federal law.
- ✓ You will be actively encouraged to participate in the planning of your services. If you disagree with your treatment plan, you may, under certain conditions, be entitled to a second consultation.
- ✓ You will not be given unnecessary or excessive medications/treatment.
- ✓ You will not be given medications/treatment without your written, informed consent unless: 1) there is a valid court order; or 2) the medication/treatment is needed in an emergency to prevent serious physical harm to yourself or others. (If you have a guardian, your guardian may consent on your behalf.)
- ✓ You (and your guardian, if any), will be informed of decisions that affect your treatment on an ongoing basis, including benefits and possible side effects of medications/treatment as well as alternatives.

✓ You will have a confidential treatment record kept by MHDCDC that contains information specifically related to your treatment.

You (and your guardian, if any) may inspect, request a copy and/or challenge the record in ways that are specified by law (*s. 51.30, ch. HFS 92, 42 CFR part 2 and 45 CFR*). For more complete information about how your health information may be used and disclosed and how you can get access to this information, please refer to the Center's "Notice of Privacy Practices" available from any MHDCDC staff.

- ✓ You will not be recorded, photographed, filmed or taped without your informed consent (or the consent of your guardian, if any).
- ✓ If staff assist you in the management of your funds, you (or your guardian, if any) have the right to receive, upon written request, a written monthly accounting of financial transactions made by MHDCDC with respect to your funds.
- ✓ You will be informed of any costs associated with your treatment that you or your relatives may have to pay.

*In summary – You have the right to be treated fairly and effectively and to participate in and know what is going on with your treatment.*

## COMPLAINT/GRIEVANCE RESOLUTION

### Options to work towards resolution:

- Informal Resolution
- Formal Grievance Investigation
- Appeal Process
- Discrimination Complaint Investigation
- Health Advantage Complaint Process

*The following information describes the process to be used in resolving problems or concerns you have with the treatment or services provided to you by the Mental Health Center. You can use any or all of these options to address your concerns.*

– You may file your complaint/grievance verbally or in writing. Forms are available through the Center's Client Rights Specialist (CRS) or from program reception staff. If you want help in completing forms or putting your grievance in writing, contact the CRS at the address/phone given below.

– You are not required to seek informal resolution before filing a formal complaint/grievance. You may choose to involve an advocate in any MHDCDC resolution process. No one may threaten, harass or penalize you in any way for filing a complaint/grievance. You may also seek outside legal counsel.

*The MHDCDC Client Rights Specialist (CRS) is:*  
Terri Pellitteri, OT, Community Resource Manager  
Mental Health Center of Dane County, Inc.  
625 W. Washington Ave., Madison, WI 53703  
Phone (608) 280-2700; Fax (608) 280-2707  
TDD/TTY (608) 280-2589

### **1. Informal Resolution Process Within Agency**

We encourage you to share your complaints, disagreements or concerns about your MHDCDC treatment/services with your staff worker or the staff worker's supervisor. You may also contact the Center's CRS, who is available to work with you and/or other staff involved toward resolving the complaint.

– This informal resolution process may involve the use of discussion, listening sessions, mediation etc., to try to reach a satisfactory conclusion. At any time during the informal resolution process, you may decide to file a formal complaint.

### **2. Formal Resolution Process Within Agency**

Formal grievances must be filed, verbally or in writing, with the Center's CRS. By law, there are time limits placed on filing a grievance. However, there are circumstances under which these timelines can be extended, and the CRS can help you determine the time limits that apply to your particular grievance.

– Grievances having to do with the treatment or services you received at MHDCDC or with your belief that your treatment rights have been violated should be filed within 45 days of the time you became aware of the problem.

– Grievances related to discrimination must be filed within 180 days of the event or treatment you believe was discriminatory (see last section).

### *In filing a formal grievance with the Client Right Specialist:*

– The CRS will want to talk with you directly to make sure s/he understands your grievance.

– The CRS will investigate your grievance, which may include interviews of staff and/or others involved and a review of your clinical treatment records.

– At any time during a formal level review, you may decide to use or return to an informal resolution process.

– Unless the grievance is resolved informally, or you have agreed to an extended period of time, you will receive a written report of the CRS's findings and decisions within 30 days from the time you filed the formal grievance. This will include an accounting of any specific actions that will be taken to resolve your grievance.

– Any written documents received or created as part of the complaint/grievance process will be kept in a confidential file maintained by the CRS. These documents will not become part of your clinical record at MHCDC.

– If you do not agree with the findings and decisions of the CRS, you may contact Lynn Brady, the Center's Supervising Director, at (608) 280-2700 to request a review of the CRS's report. You may then file an appeal with the County Department of Human Services (see below).

### **3. County/State Appeal**

You have a right to appeal any decision made by the CRS in resolution of a formal grievance filed with the MHCDC:

– Within 14 days of receiving the CRS's report or within 14 days of receiving the final decision prepared by the MHCDC Director of Operations, you may file an appeal with the County by contacting Andy Heidt, Dane County Department of Human Services at (608) 242-6477. If you do not receive County Funding, you appeal directly to the State (see below).

– If you are not satisfied with a decision you received as a result of filing an appeal with the County (or you do not receive County funding), you have 14 days to file an appeal with the State's Grievance Examiner at PO Box 7851, Madison, WI 53707-7851 or 608-266-2000 (TTY 608-266-7376).

– A final state review may be requested within 14 days of receiving a written decision from the State Grievance Examiner by contacting the Division of Supportive Living (DSL) Administrator, PO Box 7851, Madison, WI 53707-7851.

## **Wisconsin Client Rights** *<http://dhfs.wisconsin.gov/clientrights/>*

### **4. State/Federal Discrimination Complaint**

If you believe that you were wrongfully denied service or that the treatment you received was separate or different from others because of your race, color, ethnic background, gender, sexual orientation, age, religious preference, disability or other basis protected by statute, the law provides you with options for filing a formal discrimination complaint in addition to or in place of the options listed above. Even if you've used the options above, you can still file a formal complaint with one of the following state or federal agencies as long as you do so within 180 days of the treatment or event you feel was discriminatory.

– Civil Rights Compliance Officer, WI Dept. of Health & Family Services, Office of Affirmative Action/Civil Rights, PO Box 7850, Madison, WI 53707 – Phone (608) 266-9372 – Fax (608) 267-2147

– Office of Civil Rights, Region V, US Dept. of Health & Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601 – Phone (312) 886-2359 – TDD (312) 886-1807 – Website: [www.hhs.gov/ocr/discrimhowtofile.html](http://www.hhs.gov/ocr/discrimhowtofile.html)

– For complaints of discrimination based on disability— Civil Rights Division, Disability Rights Section - NYAV, US Dept. of Justice, 950 Pennsylvania Ave., NW, Washington, DC, 20530 – Phone (800) 514-0301 – TTY (800) 514-0383 – Website: [www.usdoj.gov/crt/ada/adahom1.htm](http://www.usdoj.gov/crt/ada/adahom1.htm)

***MHC Staff: clients have the right to this information in their preferred language. Please arrange for an interpreter when needed. MHC has brochures in English & Spanish. Website at top of page has treatment rights documents written in Hmong, Spanish, and English.***

# **Your Treatment Rights**

## **& Process for Resolving Complaints**

### ***Things to know about your rights:***

– As an individual/family receiving services at the Mental Health Center of Dane County Inc., you have the rights outlined in this brochure\*.

– You will not be denied any of these rights, nor will you be required to waive your rights as a condition for receiving services.

– If you want/need help in exercising these rights or, if you believe your rights have been violated, staff are available to assist you.

– There are additional rights\*. They are not in this brochure because they refer to inpatient or residential facilities.

\* From Wis. Statute sec. 51.31(1) & HFS 94, Wis. Admin. Code. Copy available from the agency's Client Rights Specialist.

**Mental Health Center of Dane County, Inc.**

– **ATENCIÓN:** Si usted desea esta información en español, pídaselo a su consejero/ra.

– YOG KOJ XAV TAU KEV PAB TXHAIS COV  
NTXHIAB LUS NOV NO NUG TUS NEEG UA HAUJ  
LWM RAU KOJ.