



"Treating the Body, Mind, & Spirit"

134 SE 5th Avenue, Suite C, Hillsboro, OR 97123
161 St Helens St, Ste 102, St. Helens, OR 97051
Assessment: (971) 777-0756, Fax: (503) 648-5269

OAR 309-019-0115
INDIVIDUAL RIGHTS

Inner Journey Healing Arts Center, Counseling Outpatient and you the Client / Patient are the most important reason we are here. To service the Individual Person and the greater community. These Individual Rights are respected and supported to the best of everyone's ability in this facility.

(1) In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:

(a) Choose from available services and supports, those that are consistent with the Service Plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual and that provide for the greatest degree of independence;

(b) Be treated with dignity and respect;

(c) Have access to Peer Delivered Services

(d) Participate in the development of a written Service Plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and to receive a copy of the written Service Plan;

(e) Have all services explained, including expected outcomes and possible risks;

(f) Confidentiality, and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50.

(g) Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:

(A) Under age 18 and lawfully married;

(B) Age 16 or older and legally emancipated by the court; or

(C) Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs;

(h) Inspect their Service Record in accordance with ORS 179.505; (Disclosure of written accounts by health care services provider).

(i) Refuse participation in experimentation;

(j) Receive medication specific to the individual's diagnosed clinical needs;



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- (k) Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
 - (l) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
 - (m) Have religious freedom;
 - (n) Be free from seclusion and restraint;
 - (o) Be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule;
 - (p) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative, assist with understanding any information presented;
 - (q) Have family and guardian involvement in service planning and delivery;
 - (r) Make a declaration for mental health treatment, when legally an adult;
 - (s) File grievances, including appealing decisions resulting from the grievance;
 - (t) Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
 - (u) Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
 - (v) Exercise all rights described in this rule without any form of reprisal or punishment.
- (2) Notification of Rights:** The provider must give to the individual and, if appropriate, the guardian, a document that describes the applicable individual's rights as follows:
- (a) Information given to the individual must be in written form or, upon request, in an alternative format or language appropriate to the individual's need;
 - (b) The rights, and how to exercise them, must be explained to the individual, and if appropriate, to her or his guardian; and
 - (c) Individual rights must be posted in writing in a common area. **(This is located on Lobby Front Wall in Hillsboro Office).**

Any additional clarification or questions please inquire with Administration Coordinator, or Staff member



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Individual Rights Form

1. I understand that I have the right to decide not to enter treatment (although depending on my situation there may be legal or other consequences for not entering or completing treatment), not to participate in any particular type of treatment, and to terminate treatment at any time. If I wish to terminate treatment here and continue treatment elsewhere, I will be given a list of providers with whom I can continue. Initials: []

2. I understand that I have the right to a safe environment during treatment, free from physical, sexual and emotional abuse. Initials: []

3. I understand that I have the right to be free from discrimination as INNER JOURNEY HEALING ARTS CENTER does not discriminate on the basis of race, sex, ethnic group identification, national origin, religion, age or mental and physical disability. I also understand that to be accepted into treatment I must meet the criteria set forth by INNER JOURNEY HEALING ARTS CENTER. Initials: []

4. I understand that I have the right to complete and accurate information about my treatment plan, goals, methods, potential risks and benefits, and progress. Initials: []

5. I understand that I have the right to information about the professional and limitations of any clinician(s) involved in my treatment, including their certification/licensure, education and training, experience, specialization, and supervision. I have the right to be treated only by persons who are trained and qualified to provide the treatment I receive. Initials: []

6. I understand that I have the right to written information about fees, payment methods, co-payments, length and duration of sessions and treatment. Initials: []

7. I understand that my confidentiality will be protected, and information regarding my treatment will not be disclosed to any person or agency without my written permission except under circumstances where the law requires such information to be disclosed. I understand that I have the right to know the limits of confidentiality, the situations in which the therapist or agency is legally required to disclose information about my case to outside agencies, and the types of information which must be disclosed. Initials: []

8. I understand that I have the right to know if my counselor will discuss my case with supervisors or peers. I understand that no portion of my treatment may be recorded in audio or video form without my informed written consent, and that if I consent to have any portion of my treatment recorded I have the right to know who will see or hear the recording(s), for what purpose(s) the recording(s) will be used, and when and how the recording(s) will be erased or destroyed. Initials: []

9. I understand that I have the right to request a summary of my treatment, including diagnosis, progress in treatment, prognosis, and discharge status. Initials: []

10. I understand that I have the right to request the release of my clinical information to any agency or person I choose. Initials: []

11. Every client has the right to address appeals and/or grievances. This includes violations of the rights outlined here, suspensions or involuntary discharge. The client is expected to attempt to resolve any appeal/grievance with the responsible professional involved. If the issue cannot be resolved the client should contact: INNER JOURNEY HEALING ARTS CENTER,

ATTN: Operations Manager. If the problem is not resolved at the Executive level the client should contact Care Oregon/Health Share 503-416-4100. Initials: []

Client Signature: [] (Name constitutes electronic signature)

Date: []

Responsible Professional: [] (Name constitutes electronic signature)

Rev: 09/30/2020