

PATIENT BILL OF RIGHTS—MEDICAID-ENROLLEE ADDENDUM

As a child or youth eligible for Medicaid services you have the following additional rights:

- 1) To be treated with respect and dignity.
- 2) To have your privacy protected.
- 3) To help develop a plan of care with services to meet your needs.
- 4) To participate in decisions regarding your mental health care.
- 5) To receive services in a barrier-free location (accessible).
- 6) To request information about names, location, phones, and languages for local agencies.
- 7) To receive the amount and duration of services you need.
- 8) To request information about the structure and operation of the Regional Support Network (RSN).
- 9) To services within two (2) hours for emergent care and twenty-four (24) hours for urgent care.
- 10) To be free from use of seclusion or restraints.
- 11) To receive age and culturally appropriate services.
- 12) To be provided a certified interpreter and translated material at no cost to you.
- 13) To understand available treatment options and alternatives.
- 14) To refuse any proposed treatment.
- 15) To receive care that does not discriminate against you (e.g., age, race, type of illness).
- 16) To be free of any sexual exploitation or harassment.
- 17) To receive an explanation of all medications prescribed and possible side effects.
- 18) To make an advance directive that states your choices and preferences for mental health care.
- 19) To receive quality services which are medically necessary.
- 20) To have a second opinion from a mental health professional.
- 21) To file a grievance with the NWESD 189 or RSN.
- 22) To file an RSN appeal based on an RSN written *Notice of Action*.
- 23) To choose a mental health care provider or choose one for your child who is under 13 years of age.
- 24) To change mental health care providers during the first thirty (30) days, and sometimes more often.
- 25) To file a request for an administrative (fair) hearing.
- 26) To request and receive a copy of your medical records and ask for changes. You will be told the cost for making the copy.
- 27) To be free from retaliation.

I have read and understood the information above and have received a copy of this document.

(Parent, legal guardian, or other authorized individual must sign with any child under the age of 13.)

Student Signature Date

Parent/Guardian Signature Date

Student Printed Name

Parent/Guardian Printed Name

Therapist Signature Date

06/26/13