

### **Unusual Side Effects**

Any significant procedures that may have an unusual side effects require thorough review and additional consent from you prior to initiation of the proposed treatment.

### **Reviewing Records**

You have the right to review your records (ORS 179.505). You must fill out a Request of Information form, ask for the form from the reception desk or your provider.

### **Cost of Treatment**

You have the right to be informed of the estimated cost of care before you are billed. A sliding fee scale is available based on your income. You can ask for a copy of the sliding fee scale.

Payment plans can be arranged with the billing office (541-766-6715).

### **Urgent Care / Emergency Services**

You have the right to urgent care services. If you are in need of after-hours urgent care services, call our office at 541-766-6835 for more detailed information. If you are in need of emergency services, go to the emergency room or call 911.

### **Mental Health Directives**

You have the right to make a Declaration of Mental Health Treatment (ORS 127.703) and receive assistance in this process.

### **Complaint / Grievance Process**

You have the right to file a complaint or grievance, free from retaliation for exercising this right. Assistance will be provided if needed to submitting the complaint/grievance. For more information refer to the Benton County Health Services Client Complaint and Grievance brochure.

## **Client Responsibilities**

### **Treatment / Care Plan**

You have the responsibility to take part in planning your treatment /care

### **Confidentiality**

Protect other clients confidentiality. Please do not identify others as clients of Benton County Health Services or discuss other clients concerns or activities

### **Providing Information**

Fill out all forms the best you can. If you need help with the paperwork ask a staff person to help you. Be honest in the information you give about yourself and others

### **Courtesy**

Be courteous to others and be respectful

### **Attendance**

You are expected to arrive for appointments on time. If you have to miss an appointment **please notify our office as soon as possible to reschedule.**

### **Paying for Treatment /Care**

You are responsible for paying your bill according to services provided. Some services are charged on a sliding fee scale and charges may be reduced.

### **Safety**

NO weapons are to be brought into the Benton County Health Services . Any threat or physical violence will result in you being required to leave the premises. Any time there is a clear danger to you or others, the staff will take appropriate action

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# **Client Rights and Responsibilities**



Benton Health Services  
530 NW 27th Street  
P.O. Box 579  
Corvallis OR 97339-0579  
Phone: 541-766-6835  
TTY: 1-800-735-2900  
[www.co.benton.or.us/health](http://www.co.benton.or.us/health)

# Client Rights

You have the right to receive services at Benton County Health Services regardless of:

- Age
- Race / Ethnicity
- Language
- Marital Status
- Mental or Physical Disability
- Religion
- Sexual Orientation
- Gender
- Gender Identity

## Protections

You have the right to:

- Your privacy, dignity, and respect
- Your confidentiality
- Protection from physical punishment or abuse
- Receive adequate treatment
- Be free from seclusion and restraint

## Medication

You have the right to:

- Know why a particular medication is recommended and to understand the potential side-effects.
- Receive medication specific to your diagnosed clinical needs, including medications used to treat opioid dependency.

## Right to Treatment and Care

You have the right to:

- Choose your primary care provider
- Receive polite and timely service
- Request credentials and training of staff

## Your Treatment /Service Plan

You have the right to:

- Participate, define, and develop your treatment /care goals and to have services explained with expected outcomes and possible risks
- Make an informed decision and to ask questions why the treatment / care is recommended
- Be informed of policies and procedures, service agreements, and fees applicable to the services provided
- Have a custodial parent, guardian, or representative assist you to understand the information given to you
- Receive a copy of the written service plan
- Participate in periodic review and reassessment of the service and support needs including service conclusion or transfer
- Have family and guardian involvement in service planning and delivery
- Not participate in experimentation
- Choose from available services and supports that are:
  - Consistent with the service plan
  - Provided in the most integrated community setting as possible
  - Providing you with the greatest amount of independence
  - Not too limiting to your freedom
- Choose not to bill your insurance for a specific visit and pay full cost of undiscounted services provided to you in that visit.

## Refusing Treatment

You have the right to refuse treatment including any specific services, procedure, or medication without suffering punitive consequences.

## Confidentiality

Information about you is confidential. You must give written permission before we can share information about you to other people/agencies, unless your information is needed by outside providers for treatment reasons and/or insurance companies to receive payment.

Confidential information may be released **without** your consent **only** when:

- There is a clear danger to you or others
- You have a medical emergency requiring the information
- There is a reasonable cause to believe that neglect or abuse of a child, elder, person with developmental disabilities or nursing home patient has been or is occurring
- A court orders release of the information under certain limited circumstances
- Under limited circumstances, if you are a minor (depending upon the type of treatment being received)

## Informed Consent

You have the right to give informed consent in writing prior to 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;

- Under the age of 18 and lawfully married;
- Age 16 or older and legally emancipated by the court; or
- 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
- No age of consent for Family Planning services