

### **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
- Information about community resources and other available treatment options

## 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 or legally emancipated by the courts, or;
- Age 15 or older for any medical or dental treatments, or;
- Age 14 or older for outpatient services, mental health, or chemical dependency 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