



DISTRICT OF COLUMBIA  
DEPARTMENT OF BEHAVIORAL HEALTH  
**CONSUMER RIGHTS STATEMENT**

While receiving services from the Department of Behavioral Health or any facility contracted to provide behavioral Health services or supports by the Department of Behavioral Health, you have a right:

- TO BE TREATED AT ALL TIMES WITH DIGNITY AND RESPECT.**
- TO BE TOLD WHAT RIGHTS YOU HAVE.**
- TO BE FREE OF DISCRIMINATION.**
- TO BE SAFE FROM HARM.**
- TO NOT BE TIED DOWN OR LOCKED IN A ROOM.**
- TO COMPLAIN IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED.**
- TO DECIDE, IN ADVANCE, WHAT TREATMENT YOU WANT.**
- TO GIVE OR NOT GIVE YOUR CONSENT FOR TREATMENT OF YOUR MENTAL OR PHYSICAL PROBLEMS.**
- TO TAKE OR REFUSE TO TAKE MEDICATIONS.**
- TO BE TREATED IN A PLACE THAT DOES NOT HAVE TOO MANY LIMITATIONS.**
- TO TAKE PART IN THE DEVELOPMENT OF YOUR SERVICE PLAN.**
- TO HAVE INFORMATION ABOUT YOU KEPT PRIVATE.**
- TO REQUEST AN EXAMINATION OF YOUR MENTAL CONDITION.**
- TO TALK IN PRIVATE WITH FAMILY AND FRIENDS, AT REASONABLE TIMES.**
- TO HAVE SOCIAL TIME WITH OTHER MALES OR FEMALES.**
- TO PHYSICAL EXERCISE AND TO GO OUTSIDE.**
- TO SEE VISITORS YOU WANT TO SEE.**
- TO GET AND SEND MAIL WITHOUT ANYONE ELSE OPENING IT.**
- TO TALK ON THE TELEPHONE IN PRIVATE.**
- TO ASK FOR AND GET A COPY OF YOUR BILL FOR THE SERVICES YOU RECEIVED.**
- TO RECEIVE SERVICES AND LIVE IN A HEALTHY, SAFE AND CLEAN PLACE.**
- TO VOTE IN ALL ELECTIONS IF YOU ARE REGISTERED.**
- TO PRACTICE OR NOT PRACTICE YOUR RELIGION.**
- TO HAVE A PLACE TO STORE YOUR PROPERTY.**
- TO WEAR YOUR OWN CLOTHES AND KEEP YOUR OWN THINGS.**
- TO DRESS, WEAR YOUR HAIR AND LOOK THE WAY YOU WANT TO.**

- ❑ **TO SAY HOW YOU FEEL ABOUT THE SERVICES YOU RECEIVE.**
- ❑ **ENJOY ALL BENEFITS AND PRIVILEGES GUARANTEED BY LAW.**
  
- ❑ **THE LAW ALLOWS SOME LIMITATIONS OF THESE RIGHTS FOR GOOD CAUSE.**

If you think that your rights have been denied or violated, or you have been treated unfairly and have a complaint regarding mental health services or supports, you may contact or visit your Rights Advocate. A copy of the “Grievance Procedure” and the “Consumer Rights Statement” is available upon request from your Peer Advocate.

Your Peer Advocate is: \_\_\_\_\_

The Peer Advocate can be reached by calling: \_\_\_\_\_ or

Visited at: \_\_\_\_\_

**OR, YOU MAY CONTACT:**

Department of Behavioral Health, Office of Consumer Rights  
 64 Ney York Ave. N.E., 3rd Floor, Washington, D.C. 20002

Telephone: (202) 673-4377

Fax: (202) 671-8049