

**DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH
Consumer Rights Statement**

The consumer rights statement tells you of the rights that you have when you receive mental health services. If you do not understand your rights, they will be read and explained to you. If the court has said that you are not able to understand these rights, a copy of the rights will be given to someone in your family or anyone you choose.

When you receive services from the Department of Mental Health or any facility contracted to provide mental health services or supports by the Department of Mental Health, you have a right:

- TO BE TREATED AT ALL TIMES WITH DIGNITY AND RESPECT.** You will be treated, at all times, with consideration and respect for your dignity, autonomy and privacy. Respectful treatment shall be extended to family members, personal representatives, attorney-in-fact, or guardian.
- TO BE TOLD WHAT RIGHTS YOU HAVE.**
- TO BE FREE OF DISCRIMINATION.** Mental health services and mental health supports will be given to you free of discrimination on the basis of race, color, religion, national origin, language, culture, sex, age, marital status, personal appearance, sexual orientation, family status, family responsibilities, matriculation, political affiliation, disability, source of income, and place of residence.
- TO BE SAFE FROM HARM.** Be free from physical, emotional, sexual or financial abuse, neglect, harassment, coercion or exploitation when seeking or receiving mental health services and mental health supports.
- TO NOT BE TIED DOWN OR LOCKED IN A ROOM.** Be free from seclusion and restraint of any form that is not medically necessary or that is used as a means of coercion, discipline, convenience or retaliation by staff.
- TO COMPLAIN IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED.** File a grievance if you feel that your rights have been limited, violated or if you are dissatisfied with mental health services or supports provided. If you are dissatisfied with the responses to your grievance by your mental health service provider, you have the right to external review or mediation of your grievance by a neutral party. You may also have the right to request a fair hearing or other remedy.
- TO DECIDE, IN ADVANCE, WHAT TREATMENT YOU WANT.** To make certain health care decisions, including the right to accept or refuse life-sustaining medical treatment, if such treatment becomes necessary, and the right to execute advanced directives about such medical treatment decisions (e.g., living wills, power of attorney). You also have the right to execute advance instructions about mental health treatment preferences. These preferences shall be followed except for good cause. A brochure that further explains these rights is available on each Saint Elizabeths Hospital ward and at every Core Service Agency.
- TO GIVE OR NOT GIVE YOUR CONSENT FOR TREATMENT OF YOUR MENTAL OR PHYSICAL PROBLEMS.** Be provided with information about your proposed mental health services and mental health supports, including their purpose, side effects, potential risks and benefits and feasible alternatives where your informed consent is sought for the provision of services or supports. Unless otherwise provided by law, no services or supports shall be provided to you without your informed consent. Where such information as to services and supports is provided to you and your physician believes that you are incapable of giving informed consent, your physician shall seek certification of your incapacitation. If you are certified as incapacitated, your physician shall seek to obtain consent for the provision of services and supports from your family member or personal representative you have authorized release of information, your attorney-in-fact, durable power of attorney or guardian appointed by the court.
- TO TAKE OR REFUSE TO TAKE MEDICATIONS.** Be free from the administration of medication for the purpose of mental health treatment without your informed consent, unless otherwise provided by law. When seeking informed consent, the Department of Mental Health or your provider shall provide you, your personal representative, durable power of attorney or family members with information about the proposed medication. You also have the right to appeal the decision to a neutral party. Your refusal to consent to medication on the basis of a valid religious objection shall not be overridden without a court order requiring your provider to administer the medication.
- TO BE TREATED IN A PLACE THAT DOES NOT HAVE TOO MANY LIMITATIONS.** Receive individualized mental health services and mental health supports in the least restrictive, most integrated setting appropriate to your individual needs.
- TO TAKE PART IN THE DEVELOPMENT OF YOUR SERVICE PLAN.** Meaningful participation for you, family members, personal representative and/or your attorney-in-fact in the development of your service plan, as well as the opportunity to participate in planning for your transition from one provider to another. Such service planning shall include the right to be informed about your condition and legal status and proposed or current services, the risks and benefits of treatments, therapies and/or other available alternatives. Services offered to you shall not be conditioned upon agreement to accept another service or support. You may revoke your consent to participate at any time and/or request a review or revision of your service plan.
- TO HAVE INFORMATION ABOUT YOU KEPT PRIVATE.** Have your mental health information records and all information about you kept confidential and to have access to your records and be able to request correction of inaccurate information contained in the record in accordance with the Mental Health Information Act of 1978.
- TO HAVE SOCIAL TIME WITH OTHER MALES OR FEMALES.** Opportunities for social interaction with members of either sex, unless such interaction is specifically limited or withheld under your service plan because of substantial risk or potential harm to you or others, or will substantially preclude effective treatment.

- TO REQUEST AN EXAM OF YOUR MENTAL CONDITION.** If you are civilly committed, to request, in writing, an independent examination of your mental condition to determine whether you should remain committed. This examination shall be conducted within 180 days after your commitment. If you cannot afford to pay for the examination, DMH will pay the cost for you.

If you are civilly committed, to be automatically examined every 90 days by a psychiatrist or qualified psychologist designated by DMH to determine whether you continue to be likely to injure self or others due to mental illness if at liberty. You will receive at least 7 days notice prior to the examination. In addition, a copy of the notice of examination will be sent to the Public Defender Service at least seven (7) days prior to the examination. You and the Public Defender Service are responsible for notifying any other person that you want to be aware of the examination. You may have your attorney or family member attend the examination if you request their presence and the doctor approves their attendance.

- TO TALK IN PRIVATE WITH FAMILY AND FRIENDS, AT REASONABLE TIMES.**
- TO PHYSICAL EXERCISE AND TO GO OUTSIDE.** Reasonable opportunities for regular physical exercise and freedom to go outdoors at regular and frequent intervals.
- TO SEE VISITORS YOU WANT TO SEE.** Free communication with, and visitation by, your attorneys, attorney-in-fact, clergy, family members, significant other, personal representatives, and guardians in private and at reasonable times.
- TO GET AND SEND MAIL WITHOUT ANYONE ELSE OPENING IT.** Opportunities to communicate by sealed, uncensored mail or otherwise with officials in the Department of Mental Health, your attorney, the courts and your personal physicians or qualified psychologists. Writing materials and postage stamps shall be made available upon request. Assistance shall be provided in writing, addressing and posting letters and other documents. Mail may be read only if there is reason to believe that such mail contains items, information or substances that may be harmful.
- TO TALK ON THE TELEPHONE IN PRIVATE.** Access to telephones to make and receive confidential calls, including free local calls and reasonable access to free long distance calls if you are indigent, and assistance in calling if requested and needed.
- TO ASK FOR AND GET A COPY OF YOUR BILL FOR THE SERVICES YOU RECEIVED.** Request and receive an itemized copy of your bill for services rendered.
- TO RECEIVE SERVICES AND LIVE IN A HEALTHY, SAFE AND CLEAN PLACE.** Safe, sanitary and humane living and treatment facility conditions.
- TO VOTE IN ALL ELECTIONS IF YOU ARE REGISTERED.** Vote in all elections in the jurisdiction in which you are registered.
- TO PRACTICE OR NOT PRACTICE YOUR RELIGION.** Engage in or abstain from the practice of religion and freedom from harassment aimed at encouraging you to engage in the religious practices of the provider or other consumers.
- TO HAVE A PLACE TO STORE YOUR PROPERTY.** Access to reasonable individual storage space for private use.
- TO WEAR YOUR OWN CLOTHES AND KEEP YOUR OWN THINGS.** Wear your own clothes and to keep, display and use personal possessions, including toilet articles, unless a physician determines and documents in your record that specific limitations are necessary for clinical purposes.
- TO DRESS, WEAR YOUR HAIR AND LOOK THE WAY YOU WANT TO.** Maintain your personal appearance, including head and body hair in a reasonable manner according to personal taste, unless it adversely affects your health or safety or the health and safety of others.
- TO SAY HOW YOU FEEL ABOUT THE SERVICES YOU RECEIVE.** Participate in periodic evaluation of mental health services and supports, including evaluation of providers.
- ENJOY ALL BENEFITS AND PRIVILEGES GUARANTEED BY LAW UNLESS LIMITED BY THE COURTS.**

Department of Mental Health, Office of Consumer and Family Affairs, Division of Consumer Rights
 64 New York Avenue N.E., 4th Floor, Washington, D.C. 20002
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The Department of Mental Health provides that you, your family member or representative shall be given a copy of this statement.

Date "Consumer Rights Statement" presented: _____

I acknowledge that I have read or this statement has been read to me.

 (Consumer's Signature)

 (Witness' Signature)

 Date

 (Guardian, Family or Representative)

 (Witness' Signature)

 Date