



Patient Bill of Rights and Treatment Information

1. You have the right to be treated in a non-discriminatory manner with dignity and respect while receiving mental health services from the **Center for Mental Health** on behalf of the Montana Department of Public Health and Human Services (DPHHS) - Mental Health Services Plan (MHSP).
2. The Plan defines which services are covered and which are not. If you have questions that are not answered to your satisfaction by your provider, you may contact DPHHS for further clarification.
3. You have a right to participate in the development of an individual treatment plan and any ongoing planning of your mental health services. You have a right to receive a reasonable explanation in terms you can understand of your general condition, treatment objectives, the nature, and significant possible adverse effects of recommended treatment, reasons this treatment is considered appropriate, and what, if any, alternative services are available.
4. You have the right to be free from excessive or unnecessary medication. You have the right to give informed consent to take or not take antipsychotic or other medications if they are prescribed to you unless the court has ordered differently or an emergency situation exists where your life or the life of others is in danger.
5. You have the right to confidential records. Although the Center may wish to consult with other health care professionals to enhance the quality of your care, they will not release your medical records unless you direct them to do so by signature. There are some exceptions to this rule under Montana law. You have a right to review your records. You may also ask to have your records corrected. You can obtain more information about the records from your therapist.
6. You are entitled to the maximum amount of privacy consistent with the effective delivery of services to you.
7. You have a right to appropriate treatment under conditions that are supportive of your personal liberty.
8. You have the right not to be subjected to experimental research or other experimentation without your informed voluntary and written consent.
9. You have a right to be free from abuse and neglect or threats of abuse and neglect while receiving services at any mental health office or facility.
10. You have a right to a humane psychological and physical environment while in treatment.
11. You have a right to receive information about the Center's grievance procedure and to file complaints.
12. You may have additional rights listed in Montana Statue, most of which apply to inpatient settings and rights during an involuntary commitment process. Your primary therapist will explain those rights to you if you have concerns in these areas.

I have read this list of rights and responsibilities or had them read to me. I understand and agree to them.

	X	
Printed Name of Patient	Patient Signature/ Guardian of Minor	Date