

## About Confidentiality

All clients have the right to confidential care and record keeping. That means that service workers or providers cannot tell people outside of the Department's provider network any information that you give them without your written permission unless court or regulation authorizes the Department to do so. Records do have to be kept, but you control access to them. In addition, without your authorization we cannot reveal that you have ever been served by the Department.

## Your Responsibilities:

- Give honest and complete information about your mental health needs
- Take an active part in your mental health treatment
- Keep your appointments as scheduled or call if you cannot keep your appointment
- Work on treatment goals with your provider and/or treatment staff
- Treat others with respect and dignity

For information regarding your rights and responsibilities, you may contact:

### Patients' Rights Advocate

**Kay Kizer Waldo**

(805) 934-6548 / (805) 681-4735

**Enrique Bautista**

English/Spanish

(805) 934-6522 / (805) 681-5228

## Language Assistance and Interpretative Services

- Free interpretive services for Spanish speaking beneficiaries are provided by bilingual staff and by the AT & T Language Line Services in all our programs and clinics.
- Free interpretive services in other languages are available through the AT & T Language Line Services.
- If you prefer you may choose to have a family member or friend as an interpreter. However, it is not necessary for you to provide your own interpreter.

The following communication services for the speech and/or hearing impaired are available Monday through Friday from 8:00 am to 5:00 pm.

- Teletype Service of the Hearing Impaired (TDD/TTY) may be accessed by calling (760) 353-4098 or 1-800-539-8868.
- California Relay Service (CRS): To access CRS dial 711 TDD/TTY Hearing Impaired or Voice
- American Sign Language Interpretative Services are available for clients with speech and/or hearing impairments. To receive assistance in scheduling an appointment for this service, you may call the Access Unit at 1-800-817-5292, or TDD/TTY (760) 353-4098 or 1-800-539-8868.

Santa Barbara County Department of Behavioral Wellness  
300 N. San Antonio Road  
Santa Barbara, CA 93110



## Patients' Rights and Responsibilities



*Santa Barbara County Department of Behavioral Wellness*

*(805) 681-5220*

*This brochure is also available in Spanish. You may ask the receptionist for a copy.*

*Este folleto también está disponible en Español, si desea una copia pídale a la recepcionista.*

## We believe that:

Persons with mental illness have the same legal rights and responsibilities guaranteed all other persons by the federal constitution and laws, and the constitution and laws of the state of California, unless specifically limited by federal or state law or regulations. California Welfare and Institutions Code 5325.1

## You have the right to:

- Access to service and grievance procedure information 24 hours a day.
- Timely access to care, including making services available 24-hours a day, 7 days a week, when medically necessary to treat an emergency psychiatric condition or crisis condition.
- Respectful treatment by mental health practitioners, agency, clinic and hospital staff members and with due consideration for your dignity and privacy.
- Service that is easy to access and provided in a safe, comfortable and inviting environment.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Informed consent to treatment and to prescribed medication.
- Participate in decisions regarding your mental health care, including the right to refuse treatment.
- Participate in planning your own treatment, in developing a treatment plan that includes the goals of treatment and the services that will be delivered.
- Be free from any form of restraint or seclusion used as means of coercion, discipline, convenience, punishment or retaliation as specified in federal rules about the use of restraints and seclusion in facilities such as hospitals, nursing facilities and psychiatric residential treatment facilities where you stay over night for treatment.
- Request to receive a copy of your medical records, and request that they be amended or corrected.
- Confidential care and record keeping.
- Consideration of a problem or concern about services.
- Request a change of practitioner, a second opinion, or a change in level of care.
- Register a grievance, appeal or request a State Fair Hearing after the appeal process has been completed.
- Be free from discrimination or any other penalty for filing a complaint, grievance, appeal, or State Fair Hearing.
- With your written consent, have family members talk to the practitioner about your treatment.
- With your written consent, authorize a person to act in your behalf during the grievance, appeal or State Fair Hearing.
- With your written consent, authorize a provider to act in your behalf during the appeal process.
- Receive services that are culturally competent, sensitive to language, to cultural differences and ethnic backgrounds.
- Request to use culture-specific practitioners will be honored when feasible.
- Free oral interpretative services for beneficiaries who speak other languages.
- Free American Sign Language services for beneficiaries who are speech and/or hearing impaired.
- To receive information in the Medi-Cal Mental Health Services booklet about the services covered by the MHP, other obligations of the MHP and your rights as described here, provided to you by the MHP in a form that is easy to understand.
- To receive the *Guide to Medi-Cal Mental Health Services* booklet in alternative formats and in an appropriate manner that takes into consideration the special needs of those who are blind or have limited vision or people who have trouble reading.