



Mid-Plains Center protects the legal and ethical rights of all clients by informing clients of their rights and responsibilities, providing fair and equitable treatment and providing clients with sufficient information to make an informed choice about using our services. No person shall be denied impartial access to treatment or accommodations that are available and medically indicated on the basis of such conditions as age, race, color, creed, national origin or inability to pay for care.

Client Rights:

- To know the identity and professional status of individuals providing your services.
- To request accommodations.
- To know who is responsible for authorizing further assessments and referrals for other treatment.
- To have consistent enforcement of program rules and expectations
- To participate in all decisions regarding treatment planning and to request a review of this plan.
- To have services that promote respect, healing and positive behavior to prevent the need for crisis interventions. Mid-Plains Center prohibits the use of any type of locked seclusion or physical restraint.
- Mid-Plains Center does not support or tolerate acts of domestic violence perpetrated by or against any clients. Mid-Plains Center does not tolerate any acts of domestic violence perpetrated by clients on any employees; this includes locked seclusion and the display of any violent or threatening behavior by a perpetrator (verbal or physical) that is likely to result in physical or emotional injury or otherwise places a client or staff's safety at risk.
- To refuse service, treatment or medication, unless mandated by the court/law. With such refusal, to be informed of the consequences, which can include discharge of services.
- To have access to treatment records.
- You may inspect much of the treatment information we maintain about you, with some exceptions.
- Upon request, we will release your treatment information to another person. Your signed, written direction needs to clearly designate the recipient and location for delivery.
- To receive a schedule of fees (upon request), estimated or actual cost of services and to be informed prior to service about:
 - Charges for service
 - When co-payments are charged, refunded, waived or reduced
 - Due date of payments
 - The consequence of non-payment

- To request a change of service provider. The first step in this process is to inform the current service provider, IN PERSON, that you wish to change to another service provider. If you experience difficulties or are unsatisfied with the response given by the current provider, you may take the matter up with the service providers supervisor (inquire at the front desk).
- To request that we amend certain treatment information that we keep in your records. We are not required to make all request amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.
- To request that we communicate with you about your treatment information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.
- We are required by law to notify you of a breach of your unsecured treatment information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.
- To examine the results of the most recent survey of the Crisis Stabilization Unit conducted by representatives of the Department of Health and Human Services.
- To be free from arbitrary transfer or discharge.

Parents/guardians of a minor child, you have the following rights:

- To receive information needed to give necessary consent for the child's treatment and participate in developing their care plan to the extent permitted by law.
- To refuse treatment to the extent permitted by law and how this refusal may affect the child's condition.
- Treatment of a minor child without parental/guardian consent is as follows:
- Like most other forms of medical treatment, Nebraska law does not provide any statutory exceptions which allow a minor to consent to mental health and/or substance abuse treatment without parental consent. Therefore, a mental health professional may only render treatment to a minor without consent when another exception is present (the minor is married, emancipated or it is an emergency situation).
- To be informed on how to file a grievance and to receive help in filing the grievance.

If you feel your rights have not been respected or have questions or concerns, please talk to the practitioner or the practitioner's supervisor.

If you continue to feel your concerns have not been adequately addressed or heard, please contact the Client Advocate, at 308-385-5250 ext. 1004.

Client Responsibilities:

- To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health and family.

- To make it known whether or not you clearly comprehend the treatment plan and what is expected of you.
- To follow the treatment recommended by the practitioner responsible for your care.
- To inform the practitioner if you are unsatisfied with the care received.
- To share the responsibility with Mid-Plains Center and its staff for your treatment and/or your child's treatment and care. This includes following the plan of care agreed upon, which may recommend medication or behavioral changes.
- To be responsible for your actions if you refuse treatment or do not follow recommendations.
- To provide prompt payment for services.
- To be considerate of facility personnel and property.
- To be responsible for personal belongings brought into the clinic.
- To respect the rights, privacy and confidentiality of others.
- Parents/guardians of a minor child have the following responsibilities:
 - To provide complete and accurate information about your child's health.
 - To be available to the practitioner for consultation and decision-making.
 - To ask questions to understand the diagnosis, treatment, counseling, psychotherapy or instruction.
- To inform the practitioner if you are unsatisfied with your child's care received.

Grievance Procedure

If you disagree with treatment decisions or practices and procedures, you have the right to file a complaint. You have the right to file a grievance without interference or retaliation. If you believe you have been treated unethically or illegally, you are encouraged to follow the Grievance Procedure below.

You should first attempt to resolve the grievance informally, by talking to the staff member or the staff member's supervisor.

If you are not satisfied, you should write a brief statement about the problem and submit it to the Client Advocate. The Client Advocate will respond to the written statement within two (2) weeks. If you are admitted into the Crisis Stabilization Unit, the response time will be two (2) business days. The Client Advocate will attempt to resolve the issue informally by meeting with you and the staff member involved within thirty (30) days. Written summary of resolution will be sent to you, the staff member involved and the President and CEO of Mid-Plains Center.

At least one level of review will be conducted that does not involve the person you have a complaint about or the person who reached the decision under review.

If you are still not satisfied, you may request a formal meeting with the President and CEO. You will receive a written response on the final decision within two (2) weeks.

Notice of Privacy Practices

Mid-Plains Center is required by law to maintain the privacy of your information and provide you with notice of our legal duties, privacy practices and your rights with respect to your information. Your information includes your individually identifiable medical, insurance, demographic and payment information. For example, it includes information about your diagnosis, medications, insurance status and policy number, claim history, address and social security number.

Uses and Disclosures of Information without your Authorization

The following are the types of uses and disclosures we may make of your health care information without your permission. Where State or Federal Law restricts one of the described uses or disclosures, we follow the requirements of such State or Federal Law. These are general descriptions only. They do not cover every example of disclosure within a category.

Treatment. We will use and disclose your information for treatment. For example, we will share health care information about you with those involved with your treatment plan.

Payment. We will use and disclose your information for payment purposes. For example, we will use your information to prepare your bill and we will send information to your insurance company with your bill if needed and/or requested.

Treatment Plan. We will use and disclose your information for treatment planning. For example, we will provide other qualified practitioners, within Mid-Plains Center, with your information if several plans are developed.

Appointment Reminders. We may contact you as a reminder of your upcoming appointment.

Family, Friends or Others. We may disclose your general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may also disclose such treatment information as it is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgement, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

Required by Law. We will use and disclose your information as required by Federal, State or Local Law.

Public Health Activities. We may disclose treatment information about you for public health activities. These activities may include disclosures:

To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;

To appropriate authorities authorized to receive reports of child abuse and neglect;

To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and

With parent/guardian permission, to send proof of required medication to a school.

Workers Compensation. We may release treatment information about you as authorized by law for workers compensation or similar programs that provide benefits for work-related treatment needs.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, we may use your name to call you from waiting areas. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Other Uses and Disclosures. Other uses and disclosures of your treatment information not covered above will be made only with your written permission. If you authorize us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

Uses and Disclosures of Information with your Authorization

There are many uses and disclosures we will make only with your written authorization. These include:

Uses and Disclosures Not Described Above. We will obtain your authorization for any use or disclosure of your treatment information that is not described in the preceding examples.

Psychotherapy Notes. We will obtain your authorization for any notes from treatment sessions. Many uses or disclosures of psychotherapy notes require your authorization.

If you provide authorization, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions on our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

Individual Rights

Access to Treatment Information. You may inspect and copy much of the treatment information we maintain about you, with some exceptions. If we maintain the treatment information electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we both agree to. We may charge a cost-based fee for producing copies or, if you request one, a summary. If you direct us to transmit your treatment information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

Amendment. You may request that we amend certain treatment information that we keep in your records. We are not required to make all request amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Notification in the Case of Breach. We are required by law to notify you of a breach of your unsecured treatment information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

Confidential Communications. You may request that we communicate with you about your treatment information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will respond to your request on a timely basis and in accordance with our written policies and as required by law. Contact the Client Advocate at 308-385-5250 ext. 1004, Mid-Plains Center, 914 Baumann Drive, Grand Island, Ne 68803 for more information or to obtain request forms.

About this Notice

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and Notice provisions effective for all treatment information that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it at the Front Desk where copies will also be available. You are entitled to receive this Notice in written form. Please contact Mid-Plains Center at the address listed below to obtain a written copy.

Complaints

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint using the contact information at the end of this Notice.

Contact Information

Mid-Plains Center for Behavioral Healthcare Services, Inc.

Attn: Client Advocate

914 Baumann Drive

P.O. Box 1763

Grand Island, NE 68802

Copies of the Client Rights & Responsibilities, Grievance Procedure and Privacy Policy are available upon request. My signature below acknowledges I have been offered copies of them.