

PATIENT/CLIENT/STUDENT RIGHTS AND INFORMED CONSENT

Wheeler does not exclude, treat differently, or discriminate against individuals in a manner which violates federal civil rights laws.

MY RIGHTS AS A WHEELER PATIENT/CLIENT/STUDENT ARE:

1. To be treated without restriction, limitation, or denial on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity and expression or lawful source of income and without unlawful discrimination concerning mental or physical disability.
2. To be treated safely, fairly and with respect for personal dignity and privacy in the least restrictive environment. If the client/patient receives primary care services at Wheeler, this includes the right to have a chaperone present during any sensitive medical exams.
3. To have active involvement in planning my proposed services, and to know the roles of myself and staff in my services. Staff will inform me of any alternatives to services and the advantages and disadvantages associated with services prior to the beginning of receiving such services. If I have an individualized service plan as part of my services at Wheeler, it will be reviewed with me periodically, and will reflect my agreed upon service goals, name of assigned staff person(s), and description of the type and frequency of services to be provided to me.
4. To have my privacy respected and to have all applicable privacy laws which apply to me be followed. It is my right to receive from Wheeler a Notice of Privacy Practices & Confidentiality which provides me with detailed information about how information about me that is received and/or created by Wheeler may be used and disclosed, and how I can control or get access to this information. This notice also describes when my information may be disclosed without my consent. I understand that based on the type of services I receive at Wheeler, different privacy rights and laws may apply, and how Wheeler uses and discloses my information can vary.
5. To give written authorization if a video or audio recording is to be made of me, or if I am to be included in a research project, unless the Institutional Review Board/Research Committee approves a waiver of consent.
6. If I am under 18 years of age, to seek and receive certain services, such as substance use disorder treatment, without my parent or guardians' knowledge or permission. I may also receive services such as outpatient mental health treatment and HIV/AIDS testing and/or treatment without parental consent, provided certain conditions are satisfied. I understand that my provider can explain these conditions as they may apply.
7. To request information about the education and training of the members of my treatment/service team.
8. To express my concerns or make a complaint verbally or in writing about the quality or safety of the treatment or services I have received. I am encouraged to speak with my service provider, the Program Manager, or the Departmental Vice President if I am not happy with Wheeler policies, services, or staff. If I believe my concerns have not been addressed adequately by the organization, I may contact the Joint Commission (if served by a Joint Commission accredited program) or the appropriate licensing state agency for assistance in resolving my concerns. If I am an adult served by a program that is funded by the CT Department of Mental Health & Addiction Services, and I have concerns about my rights that I do not feel have been adequately addressed by the organization, I may make a complaint with Wheeler's Client Rights Officer by calling (860) 793-3199.
9. To decline receiving marketing and/or fundraising materials from Wheeler, such as newsletters, by writing to the Vice President of Marketing & Philanthropy at 91 Northwest Drive, Plainville, CT 06062.
10. To receive upon request, free and timely language, or communication assistance such as interpreter services, translation services, or TTY. If I feel that my language or communication needs have not been appropriately addressed, I may express my concerns to the management team of the program by which I am being served. I may also direct my concerns to the Office of Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building - Room 1875, Boston, MA 02203, Voice phone (800) 368-1019, FAX (617) 565-3809, TDD (800) 537-7697.
11. To access services as covered under the federal American with Disabilities Act (ADA) Title II and Title III and Connecticut State Statute. This includes, when needed, the ability to access all Wheeler locations with a service animal as defined in the ADA regulations. For information on the ADA regulations, I may call Voice phone (800) 514-0301 or TTY (800) 514-0383.

Patient/Client/Student Name (Print)

Medical Record Number

MY RESPONSIBILITIES AS A WHEELER PATIENT/CLIENT/STUDENT ARE:

1. To participate in services/treatment planning and to follow through with agreed upon recommendations and self-management activities. I understand that if I choose not to carry out my responsibilities, Wheeler may suspend or terminate treatment or services.
2. To comply with the rules of the program to which I am assigned, if applicable.
3. To be respectful to staff and other patients/clients/students and visitors. Threats, (verbal and non-verbal) or acts of violence towards others and objects will not be tolerated and may lead to suspension or termination of treatment or services.
4. To accurately report my health history and medications to the best of my ability to my service providers, if requested.
5. To the extent possible, notify my service team in the event that I receive care at a hospital or other facility, and to notify the hospital/facility that I am a patient/client/student of Wheeler, so that I can provide written consent for the sharing of my information for purposes of care coordination and planning.
6. To attend all services or give adequate notice of cancellation.
7. To come to all services in an alcohol and/or drug-free condition and to respect posted non-smoking areas.
8. To refrain from bringing weapons, alcohol, and/or illegal substances onto Wheeler sites.
9. To respect the privacy of other patients/clients/students of Wheeler.
10. To refrain from making audio and video recordings in Wheeler facilities or while receiving services.
11. To be respectful of Wheeler facilities and property and refrain from damaging any facilities/property.
12. To pay all insurance co-pays, service fees and existing balances associated with my services, if applicable.
13. If I come to services at Wheeler with a service animal, as defined in the ADA regulations, I understand my responsibility to maintain control of the service animal at all times and to follow the guidance outlined in the regulations.

CONSENT TO TREATMENT AND SERVICES

1. I agree to participate in services/treatment in accordance with the above rights and responsibilities. Such treatment or services may include evaluations, testing, mental health and/or substance use treatment, medical treatment and services, dental services, crisis services, home-based services, case management, care management, medication management, psycho-educational interventions, early childhood services, community justice services, placement and/or education. My service may also include genetic testing, random urinalysis, breathalyzers, or hair tests.
2. I am freely choosing to participate in services/treatment through Wheeler, and I understand that I may choose to stop participating in such voluntary services/treatment at any time. I understand that I have the option to receive care from a different provider, to seek a second opinion, and/or seek specialty care. If I am a minor (under age 18), I understand that my legal guardian may be the individual who is consenting on my behalf to participate in services/treatment and retains the right to choose to end my participation in treatment at any time.
3. I agree to participate in telehealth services (also called “virtual visits”), if they are appropriate for me. I am aware that I can refuse telehealth services as well as opt out at any time.
4. Since Wheeler has an integrated whole-person approach to care delivery, with equal importance placed on physical, emotional, and psycho-social wellness, this signed consent extends to all my Wheeler services, and providers. I may be asked to give written authorization prior to receiving certain treatment or medical services.

By signing below, I acknowledge that information about my rights and responsibilities has been explained to me in a way that I understand and that these rights and responsibilities are in effect while I am continuing to receive services from Wheeler.



Patient/Client/Student Signature *Today's Date* *Date of Birth* *Age (if under 18)*

Parent/Guardian Signature, if applicable *Today's Date*

Relationship to Patient/Client/Student: Parent Guardian Other _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES & CONFIDENTIALITY

By signing below, I acknowledge that I have been given a copy of Wheeler's Notice of Privacy Practices & Confidentiality. I understand that if I have questions about this notice, I may ask my service provider or contact the Privacy Officer at Wheeler at (860) 793-3777.



Patient/Client/ Student Signature *Today's Date* *Date of Birth* *Age (if under 18)*

Parent/Guardian Signature, if applicable *Today's Date*

Relationship to Patient/Client/Student: Parent Guardian Other _____