

**LOUDOUN COUNTY DEPARTMENT OF MENTAL HEALTH, SUBSTANCE ABUSE
and
DEVELOPMENTAL SERVICES
NOTICE OF HUMAN RIGHTS**

Adopted July 1988 Revised June 2018

As a service provider licensed and partially funded by the Virginia Department of Behavioral Health and Developmental Services, the Loudoun County Department of Mental Health, Substance Abuse, and Developmental Services (MHSADS) is required to notify you of your human rights as established in §37.2-400 of the *Code of Virginia*.

Your rights include the right to:

1. Receive treatment which does not discriminate on the basis of race, color, religion, national origin, ethnicity, age, sex, disability, marital status, political affiliation, ability to pay, or sexual orientation;
2. Receive evaluation and treatment and have such things explained to you;
3. Retain your legal rights as provided by state and federal law which include the right to:
 - Get married, separated, divorced or have a marriage annulled;
 - Sign legal documents;
 - Register and vote;
 - Buy and sell;
 - Enter into contracts;
 - Acquire, retain, and dispose of property;
 - Access legal counsel and the courts;
 - Make a will and execute an advance directive; and
 - Hold a professional, occupational or driver's license;
4. Receive treatment with dignity as a human being and freedom from abuse, exploitation or neglect, including the right to:
 - Be called by your preferred or legal name (use of a preferred name may be limited if a licensed professional determines that the use of a name will result in harm or have a negative impact on treatment, process, or recovery);
 - Consult with a family member or other professional/advocate of your choice in private;
 - Receive general information about program services, policies and rules of conduct in a manner easily understood by you;
 - Obtain help in learning about, applying for, and fully using any public service or benefit to which you are entitled;
5. Receive treatment under the least restricted conditions consistent with your condition (to the extent that such treatment is reasonably available) and not be subject to unnecessary restriction, physical restraint or isolation;
6. Have maximum participation, consistent with your capabilities and capacity, in the development and implementation of your individualized service plan;
7. Have the opportunity for consultation with your private physician at your own expense, except in the case of emergency measures taken to preserve your health;
8. Not be the subject of research or experiments without your prior written and informed consent or that of your authorized representative;
9. As a competent minor, independently seek and consent to services for treatment of mental illness, emotional disturbance or addiction;
10. Access, inspect, copy, and amend your records and be assured of their confidentiality (in certain circumstances, your attending psychiatrist or psychologist can limit access, if it would endanger your life or physical safety);

Name: _____

Client #: _____

11. Be paid for work performed for the direct economic benefit of, or value to, the program or program workforce members, consistent with the Fair Labor Standards Act;
12. Have an impartial review of violations of your rights under the law and access to legal counsel;
13. Not be denied services because you assert rights protected by the Human Rights Regulations or any other law; and
14. Receive notification and review these rights annually.
15. Receive assistance from your MHSADS treatment team, the MHSADS Director, your Human Rights Advocate and/or a Human Rights Committee if you believe that your rights have been violated.

If you receive **Group Home or Supervised Living** services, you have additional rights which include the right to:

1. Have sufficient and suitable clothing (cost of obtaining and cleaning may be subject to reimbursement by you to Loudoun County MHSADS);
2. Receive nutritionally adequate, varied, and appetizing meals;
3. Keep and use your personal belongings;
4. Communicate in confidence with others by mail or telephone and get help in doing so;
5. Receive treatment in a humane, safe and clean setting with reasonable privacy;
6. Practice and participate in religious services, to the degree that it does not infringe on the rights of others or present a danger of bodily injury to others;
7. Receive assistance reading or writing mail as needed;
8. Receive or refuse visitors;
9. Have paper, pencil and stamps provided free of charge for at least one letter every day upon request if you do not have funds to purchase these items; and
10. Make local telephone calls within reasonable administrative constraints.

The information on this fact sheet is intended to provide you with a general overview of your rights as an individual receiving services from the Loudoun County Department of MHSADS. Depending on the type of treatment/service you are receiving, your rights may be slightly different. **If you have questions about your rights or believe your rights have been violated, please contact** a MHSADS Compliance Specialist at 703-777-0378.

Virginia State Human Rights Advocates work to prevent human rights violations and will assist you in filing a complaint if you believe that your rights have been violated.

The Virginia Human Rights Advocate Contact: Ann Pascoe

Address: P.O. Box 1797, Richmond, VA 23218

Telephone: (877) 600-7437

FAX: (804) 371-4609

For a copy of the Virginia Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services please contact a Compliance Specialist at 703-777-0378.

Name: _____

Client #: _____

Loudoun County Department of Mental Health, Substance Abuse and Developmental Services

NOTICE OF HUMAN RIGHTS AND REMEDIES FOR VIOLATIONS

(Must Be Signed Annually)

A. Confidentiality

Workforce members may share confidential information with other workforce members within MHSADS to coordinate services/treatment, get payment for services provided, and complete certain quality assurance activities. The confidentiality of individual-specific information is strictly maintained with, some exceptions which require or permit disclosure without consent in response to a court order or subpoena, a Medicaid audit, State Human rights and Licensure reviews, suspected child abuse or abuse of an incapacitated adult, and in emergencies to prevent injury or death and to avert a serious threat to the safety of the public or a specifically identifiable person.

B. As the person signing this form, I acknowledge that I have been given a written copy of the notice entitled "Loudoun County Department of Mental Health, Substance Abuse and Developmental Services Notice of Human Rights." These rights and the procedure for reporting a violation of my rights have been explained to me. I understand that if I believe my rights have been violated and I am unable to obtain resolution through staff review, I can contact an advocate employed by the Virginia State Office of Human Rights who will act in my behalf to remedy the violations.

CONTACT: CASSIE PURTLEBAUGH, Virginia Human Rights Advocate

Address: P.O. Box 1797, Richmond, VA 23218

Telephone: (877) 600-7437

FAX: (540) 332-8314

Printed Name of Individual/Substitute Decision Maker

Signature of Individual/Substitute Decision Maker

Date

<p><u>Staff Instructions:</u> Individual or Substitute Decision Maker must sign this form annually.</p>
