

## PATIENT RIGHTS FORM

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Services provided by the Ruttenberg Autism Center are Outpatient Mental Health Services. It is the policy of the Ruttenberg Autism Center to afford individuals receiving Mental Health Services in Pennsylvania the following rights:

- *The right to be treated with dignity and respect.*
- *The right to choose services or programs in which to participate based upon information about rules, treatment procedures, costs, risks, rights and responsibilities.*
- *The right to ask questions and get answers about services.*
- *The right to participate fully in all decisions about treatment or services.*
- *The right to request changes in treatment or services.*
- *The right to receive treatment in the least restrictive setting – one that provides the most freedom appropriate to individual treatment needs.*
- *The right to refuse treatment or services unless ordered by the Court to participate.*
- *The right to know the name of medications prescribed, why they have been prescribed, and what possible side effects may be associated with the prescribed medications.*
- *The right to refuse to take medications (this should not be done suddenly without first being discussed with the psychiatrist to assess possible dangers.)*
- *The right to have one's family involved in treatment.*
- *The right to refuse one's family's participation in treatment.*
- *The right not to be subjected to verbal, physical, sexual, emotional, or financial abuse; harsh or unfair treatment.*
- *The right to make complaints, have them heard, get a prompt response, and not receive any threats or mistreatment as a result.*
- *The right to file a grievance if not satisfied with the response to a complaint.*
- *The right to be assisted by an advocate of one's choice, for example, family, friend, case manager, member of a patient advocacy committee or organizations, etc.*
- *The right to review one's records with two exceptions. Limited portions of patient records can be withheld from the patient if the Ruttenberg clinician has indicated that seeing specific information would A) be harmful to the individual's treatment, or B) reveal the identity or break the trust of someone who has provided information in confidence.*

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- *The right to decide whom else can see one's records, with several exceptions. Those who do not need to ask patient's permission are: people involved in the individual's mental health treatment or to whom the individual is referred for treatment, people providing emergency medical care, an attorney representing the individual at a commitment hearing, a court, and people conducting program or utilization reviews, or third party payers (those who pay for the treatment.) These people may only see as much information as they need for the specific purpose requested.*
- *The right to exercise all civil and legal rights afforded to citizens of the United States; for example, vote, marry, obtain a driver's license, write a will, etc.*
- *The right not to be discriminated against on the basis of race, age, sex, religion, national origin, sexual orientation, disability or marital status.*

**It is the policy of the Ruttenberg Autism Center to provide patients with a Patient Rights Form which advises them of their rights and responsibilities, provides instructions for filing a complaint and identifies patient advocacy organizations.**

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### MAKING A COMPLAINT

**Can anyone make a complaint?** Yes, anyone who has witnessed, or has knowledge of, a violation of a patient's rights can bring the matter to the Center's attention.

**What will happen if I make a complaint?** You will be asked to give details about what happened, when it happened, where it took place, and who was involved. You should not be threatened, punished or forced to cease treatment just because you make a complaint. Mistreatment of patients or termination of services, because a patient or designee speaks up about a problem with treatment or services is prohibited at the Ruttenberg Autism Center.

What the Center will do about the situation depends on what the problem is, but we are required to let you know promptly what we will do to address the issue and try to prevent it from occurring in the future.

**Who can help me make a complaint?** You may ask a family member, friend, advocate, case manager, or anyone else you choose to help you. If you feel you need the assistance of an advocate, there may be a Patient Advocate group that you are familiar with or you may choose from the list of advocacy groups attached to your copy of this document.

**Human Rights committee Chairperson  
C/O Philadelphia OMH/MR  
Division of Mental Health Services  
1101 Market Street, 7<sup>th</sup> Floor  
Philadelphia, PA 19107**

**What happens when I file an appeal?** The Human Rights Committee will investigate by asking questions of everyone involved in the complaint, as well as anyone else who has additional information about the situation. You will be invited to meet with the Committee within 30 days. You may ask a family member, a friend, an advocate, or anyone else you choose to accompany you and speak on your behalf. The person or people you are accusing of violating your rights may also be invited to attend the meeting.

The Committee will make a decision following the meeting. The findings and recommendations of the Human Rights Committee will be sent in writing to the Deputy Health Commissioner for Mental Health/Mental Retardation, who is the highest authority in the Philadelphia community mental health system, within three working days. A copy of the committee's findings and recommendations will also be sent to you and to the person or people accused of violating your rights.

**What action will be taken?** Within 30 days, the Deputy Health Commission for MH/MR will sent the Human Rights Committee a written report stating what actions have been taken in response to the committee's recommendations. Copies of this report will also be sent to you and all other individuals involved in the complaint.

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*Patient Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**SIGNATURE PAGE**

I have read this form or it has been read to me. I have been given an opportunity to ask questions and those questions have been answered.

My signature on this document indicates that I have been given a copy of the Patient's Rights Form, a list of advocacy organizations and that I understand the contents of this document.

\_\_\_\_\_  
Signature of Patient (14 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient's Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Ruttenberg Staff Obtaining Consent

\_\_\_\_\_  
Date

**(Check if applicable) The Patient is physically unable to provide a signature, and has instead freely given verbal consent as authorized above, fully understanding the nature of this form.\***

\_\_\_\_\_  
Signature of Ruttenberg Staff or Witness

\_\_\_\_\_  
Signature of Ruttenberg Staff or  
Witness

*\*Two witness signatures are required when the Patient is physically unable to sign and has given verbal consent.*

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*Patient Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**ADVOCACY ORGANIZATIONS**

***National Alliance for Mentally Ill (NAMI)***  
2149 North 2<sup>nd</sup> Street  
Harrisburg, PA 17110-1005  
(800) 223-0500

The Alliance for the Mentally Ill (AMI)  
This is an advocacy group organized to give support to the families of patients of mental health services, and to assist families in obtaining better treatment for relatives with mental illness.

***Pennsylvania Mental Health Patient's Association (PMHCA)***  
4105 Derry Street  
Harrisburg, PA 17111  
(800) 688-4226

PMHCA is a network of self-help groups and patient-run alternatives dedicated to restoring respect, human rights and dignity to mental health patients in Pennsylvania.

***Autism Society of America***

***(ASA)***  
Greater Philadelphia Chapter  
P.O. Box 35162  
Philadelphia, PA 19128  
(610) 358-5256  
ASA is a non-profit, all-volunteer, parent-directed association dedicated to the general welfare of all individuals with autism, pervasive developmental disorder, and other profound disorders of communication and behavior.

***U.S. Department of Justice Civil Rights Division***  
950 Pennsylvania Avenue,  
NW Disability Rights Section –  
NYAV  
Washington, DC 20530  
(800) 514-0301/V  
(800) 514-0383/TTY

***The Arc Pennsylvania***  
301 Chestnut Street, Suite 403  
Harrisburg, PA 17101  
(717) 234-2621  
(800) 692-7258  
info@thearcpa.org  
The Arc is the largest advocacy organization in the United States

for people diagnosed with Autism, Down syndrome, Fetal Alcohol Syndrome, and a range of diagnoses across the spectrum of intellectual and developmental disabilities. The Arc of Pennsylvania is affiliated with The Arc of the United

*Public Policy Advocacy*  
*Family Education*  
*Public Awareness*  
*Community Resources*

***HopeWorx, Inc***  
1210 Stanbridge Street, Suite 600,  
Norristown, PA 19401  
(610) 270-3685

The mission of HopeWorx is to promote the continued development of a community environment which supports and believes in the expertise and passion of patients to create and direct their own paths to health and recovery. Hopeworx is the parent company of Patient Satisfaction Team, Community Advocates of Montgomery County and The HopeMarket