



Human Service Agency
Behavioral Health
**Consumer Rights and
Responsibilities**

CID#:

Name:

As a consumer of services provided by the Human Service Agency, you have the RIGHT:

- The right to refuse extraordinary treatment;
- The right to be free of any exploitation or abuse, including, for example, any financial or sexual relationship with any agency personnel or any member of the governing board;
- The right to seek and have access to legal counsel;
- The right to participate in decision making, related to treatment, to the greatest extent possible.
- The right to confidentiality or records, correspondence, and information relating to assessment, diagnosis and treatment pursuant to SDCL 27A-12-26, SDCL 34-23-2 and SDCL 34-20A-91.

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations, 42 C.F.R. part 2. See below:

HSA may not tell a person outside the program that a patient receives services here, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) the patient consents in writing;
- (2) the disclosure is allowed by a court order; OR
- (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate state or local authorities.

As a consumer of services provided by the Human Service Agency, you have the RESPONSIBILITY:

- To be open with your counselor;
- To participate in your treatment and to cooperate fully with your counselor;
- To attend your appointment promptly and to notify staff when you will not be attending scheduled appointments;
- To treat staff with respect and courtesy;
- To pay the day of services unless other arrangements have been made; and
- To ensure that children who accompany you to the center are properly supervised.

The signature below verifies that you fully understand the above consumer rights and responsibilities and have also received the Human Service Agency Notice of Privacy Practices. If you have any questions about your rights and responsibilities, please contact your counselor. If you believe your rights have been violated in your contacts with the Human Service Agency, please contact your therapist, or complete a grievance form and follow the posted grievance procedure. You may also contact the Department of Social Services; Division of Behavioral Health 700 Governor's Drive; Kneip Building, Pierre, SD 57201 or call at (605) 773-3123.

My signature also means that I GIVE CONSENT to the Human Service Agency to provide clinical services to me. This includes the use of standard medical, psychiatric, psychological, and chemical dependency procedures deemed necessary in my evaluation or treatment or the treatment of my child or other person to whom I am the legal guardian.

Signature of Consumer Date

Name of Consumer (Please Print)

Parent/Legal Guardian Date