

(Member Responsibilities continued)

- To keep your appointments and be on time. Call the provider when you are going to be late or can't keep an appointment
- To get mental health services from us or your assigned provider. You may get services from someone else in an emergency
- Take your OMAP medical care identification form with you wherever you need care
- Tell us of any emergency within 72 hours by calling 1-888-232-7192
- Use only your assigned provider for your mental health needs
- Tell your caseworker of a change in your address or phone number.
- To let your provider know how treatment is working or not working for you

Grievances and Appeals

There are a variety of ways you can deal with dissatisfaction. A **complaint** is an informal, verbal or written expression of concern with your mental health services. A **grievance** is a formal procedure for resolving a problem with your mental health services. An **action** is denial, suspension, reduction, or termination of certain services. An **appeal** is a formal complaint about an action.

If you are not happy about your mental health services, or any mental health service decision, you can file a complaint, grievance or appeal a decision.

You, your family, or an advocate may discuss your concerns with your mental health provider. Usually most things can be resolved by simply discussing them with your provider.

If you are not happy with the response, or don't feel comfortable discussing your concerns with your provider or County Agency management, you can file a complaint or grievance with ABHA, either orally or in writing.

You can call ABHA directly, or you can send your concerns in writing. You can ask your provider for a complaint or grievance form, but the form is not required in order to file a grievance.

You, your family, or an advocate can file a grievance, or decide to stop the grievance process at any time and for any reason.

ABHA will work with you and your provider to help resolve your grievance.

ABHA will respond to your grievance as soon as possible and will send you a response or explanation of the need for an extension within 20 days of your grievance.

If you are not happy with the response or a decision about your services, you can appeal the grievance or the decision either to ABHA or to the State. ABHA will provide you with the necessary information about how to file an appeal.

All records concerning grievances are confidential. Information will only be shared with the provider as necessary in order to resolve the grievance.

ACCOUNTABLE BEHAVIORAL HEALTH ALLIANCE



MEMBER RIGHTS & RESPONSIBILITIES

**Serving the Oregon Counties of
Benton, Crook, Deschutes,
Jefferson, and Lincoln**

Dear ABHA Member or Family Member: This pamphlet is designed to help you understand what your member rights are, including how to file a complaint if you think those rights have been violated. This information was prepared to help you participate fully in your recovery. We have included information concerning how to contact all of the provider agencies and where to go if you need additional information.

County Mental Health Programs	
Benton County	(541) 766-6835
Crook County	(541) 447-7441
Deschutes County	(541) 322-7500
Jefferson County (BestCare)	(541) 475-6575
Lincoln County	(541) 265-4179

As a member of ABHA you have the following RIGHTS:

- The right to receive medically appropriate behavioral health services covered by your insurance
- The right to privacy and confidentiality, including the right to have clinical records kept confidential, consistent with applicable Federal and state laws, rules and regulations.
- The right to be treated with respect by your provider
- The right to receive proper mental healthcare services and receive information on available treatment options and alternatives
- The right to be given information about your illness
- The right to be actively involved in the development of treatment plans
- The right for parents and/or guardians to be involved in treatment planning
- The right to refuse care and be told what that means to your health
- The right to be informed about your right to sign a Declaration for Mental Health Treatment
- The right to get a copy of your clinical record unless restricted by law
- The right to request a correction of your clinical record
- The right to talk to your provider and expect that what you say will be kept private
- The right to help us refer you to a mental health provider
- The right to change your primary mental health provider for a good reason
- The right to get our services without a referral from your primary care provider
- The right to receive services without discrimination
- The right to get mental health care without a long delay
- The right to receive information about all mental health services covered by the Oregon Health Plan (Medicaid)
- The right to get a written notice when we deny or change services
- The right to make a complaint about us, or one of our providers, and receive a timely answer
- The right to request an Administrative Hearing
- The right to continue services until a decision about your Hearing is made. You may have to repay these continued services if the hearing is resolved in ABHA's favor
- The right to receive, within 30 calendar days of becoming an ABHA member, the following written documents:
 - Rights and responsibilities
 - Benefits available
 - How to access Covered Services (Definitions of emergency, urgent, and post-stabilization services related to this policy are contained in ABHA's QM and UM Plans)
 - What to do in an emergency situation
 - How to make a complaint

- The right to get information in a form you can read and to have us explain them if needed
- The right to access Protective Services as provided by state law
- The right, if hospitalized, to be free from any form of restraint or seclusion as outlined by Federal law
- The right to carry out your rights without your actions affecting the way ABHA and its providers treat you

As a member of ABHA you have the following RESPONSIBILITIES:

- To help us refer you to an appropriate mental health provider.
- To treat your provider and our staff with respect
- To share information that enables your provider to assist you with your mental health problems
- To ask questions about things you do not understand
- To decide about care before it is given
- To help your provider get your previous mental health records or fill out new ones
- To be sure you have approval from us before going to a specialist

**ACCOUNTABLE BEHAVIORAL
HEALTH ALLIANCE
ADMINISTRATIVE OFFICES
310 NW FIFTH STREET, SUITE 206
CORVALLIS, OR 97330
(541) 753-8997
Fax (541) 752-4877**