



# CLIENT RIGHTS & RESPONSIBILITIES

For our Clients and Consumers with OHP insurance whose Mental Health Plan is Mid-Valley Behavioral Care Network (MVBCN)

Our Network's motto is: ***Together pursuing the best we can imagine.***

When you contact us for services that are covered by the Oregon Health Plan, You as the Client or Consumer, and We as the Mental Health Plan or Provider, begin a two-way relationship. We want it to be productive. We want the best care for you. Everyone should be treated with equal respect. We will work together toward the best possible result for your situation.

We know you will expect certain things of us, just as any consumer would. We have expectations of you too. They help us do our job to the best of our ability. Your "Rights" are the things that you can count on getting from us. Your "Responsibilities" are the things we need from you. With everyone doing their part and trying their best to work together, we will hopefully bring about "the best we can imagine".

## YOUR RIGHTS

As a person with Oregon Health Plan (OHP) insurance, you have many Rights.

### RESPECT

1. You will be treated with respect and dignity by your provider;

### ACCESS

1. Your provider cannot treat you differently because you are on OHP;
2. You do not need a referral from your doctor to get our services;
3. You will get care that is right for your condition;
4. You will get care that is approved for your condition;
5. You will get covered mental health services without a wait that is longer than needed;
6. You will be notified in a timely way if we have to cancel your appointment;
7. You can get help or "Protective Services" if you are being abused;
8. You can get emergency care 24 hours a day, 7 days a week;

### INFORMATION

1. You will be given information about your rights and responsibilities;
2. You can have information about how to find services;
3. You can choose from one of the providers or locations on the MVBCN Provider List;
4. You can have information about mental health services covered or not covered by OHP;
5. You can choose the OHP-covered or not OHP-covered service option that works best for you;
6. You can have free written materials in a form you can understand;
7. You can have us explain written materials to you;
8. You can have a free interpreter if you are hearing impaired;

*You can get this document in a larger print size or in a different format. You can also get this document in some languages other than English. Contact the office listed below to ask for this.*

**Mid-Valley Behavioral Care Network**  
1660 Oak Street SE, Suite 230  
Salem, Oregon 97301

In Salem: 503-361-2647 • Toll-Free: 1-866-422-6647  
Oregon Telecommunications Relay Service:  
TTY or Voice: 711 • VCO: 1-800-735-3260

*MVBCN Business Hours: 8:00 AM - 5:00 PM, Monday through Friday  
(Closed on most government holidays)*

9. You can have a free interpreter if your primary language is not English;
10. You can have information about the “Declaration for Mental Health Treatment” and “Advance Directive” for health care decisions and what’s involved in those processes;
11. You will get a written notice and hearing request information when your services are denied or changed;
12. You will get a written notice when MVBCN doesn’t or won’t be paying a provider;
13. You will be informed before you receive a service if OHP will not cover it;

### DIRECT YOUR CARE

1. We will give our best effort to understand your condition;
2. We will give you information about your condition;
3. We will try our best to set up services that most closely meet your needs;
4. You can accept or decline services offered to you;
5. We will inform you of how your decision to accept or decline a service could affect your health;
6. We will not use the practice of “restraint” or “isolation” to punish you;
7. We will not “restrain” or “isolate” you to make you to do something you do not want to do;
8. You can get a second opinion about your diagnosis or treatment;
9. You will be actively involved in creating your plan for treatment;
10. You will be involved in making your child’s plan for treatment, if you are a parent;
11. You can have a friend, family member, or advocate with you at appointments;
12. You will be involved in decisions about your care;
13. You can change your provider, with a good reason;

### CONFIDENTIALITY

1. Your personal information will be kept private;
2. What you say to your provider will be kept confidential;
3. You will have a file kept with information about your condition, services you received, and referrals that were made for you;
4. Your file will be kept private and confidential according to the law;
5. You can get a copy of your file unless it is restricted by law;
6. You can ask to change or correct the information in your file;
7. You can ask us to give information from your file to another provider;

### EXERCISE YOUR RIGHTS

1. You can have information about our complaints process;
2. You will not be punished in any way for making a complaint;
3. You will not be punished for exercising your rights;
4. You will not be discriminated against or restricted from services based on race, color, gender, age, disability, religion, or language spoken;
5. You can make a complaint about MVBCN or one of our providers and will get a timely answer;
6. You can file a “Complaint” or “Appeal”;
7. You can request a regular or speedy Department of Human Services Administrative Hearing;
8. You can request that your services continue until a decision about an Appeal is made;
9. You will be informed you may be responsible for paying for services that were continued if the Appeal decision is not in your favor.

## **YOUR RESPONSIBILITIES**

As a person with Oregon Health Plan (OHP) insurance, you have many Responsibilities.

### RESPECT

1. Treat your mental health provider, staff, and MVBCN staff with respect;

### INVOLVEMENT

1. Be actively involved in creating your treatment plan;
2. Ask questions about anything you don't understand;
3. Use information you have received to decide about your care before care is given;
4. Follow treatment plans you have agreed to;

### COMMUNICATION AND INFORMATION

1. Keep appointments with your provider;
2. Be on time for your appointments;
3. Call ahead of time when you are going to be late;
4. Call ahead of time when you can't keep an appointment;
5. Give your provider accurate information about your mental health situation;
6. Give accurate information for your file;
7. Help your provider get your previous mental health records;
8. Keep your address and phone number up to date with your DHS worker and your provider;
9. Tell your provider and your DHS worker about any other insurance or payment resources available to you;

### HONORING GUIDELINES

1. Make sure you have approval ahead of time to see any mental health provider who is not on the Provider List;
2. Use services from your assigned provider except in an emergency;
3. Use urgent or emergency services appropriately;

### PAYMENT

1. Pay your monthly OHP premium on time if you are required to;
2. Show your OHP card to your provider before you receive services;
3. Sign documents to verify you have been informed of how much any services not covered by OHP will cost you;
4. Sign documents to verify you have been informed who is responsible for paying for services when you get services that are not covered by OHP;
5. Pay for services that are not covered by OHP;
6. Assist your provider and MVBCN in getting payment from other insurance or payment resources you may have.