

**Intercommunity Action, Inc.**  
**Participant Rights and Responsibilities**

**Client:** Test, Test **DOB:** 10/06/1987 **Gender:** Female **ID#** 00000001 **Intake:** 05/04/2015 05:00am

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**Test**

Client: \_\_\_\_\_

Event: \_\_\_\_\_

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

Location: \_\_\_\_\_

Staff: \_\_\_\_\_

Participant Rights Upload: No document attached

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**Information:**

Below is a list of your rights and responsibilities as a participant of Interact Behavioral Health Services. Please review this list and discuss any questions with your clinician or staff.

If you ever feel your rights have been violated or you have a complaint/grievance about your Interact services, please discuss the problem directly with your assigned staff (even if the problem concerns this person). If you feel that no satisfactory resolution is obtained, write or telephone the program supervisor. Your concern will be investigated and you will receive a direct response. At no time will filing a complaint/grievance be held against you in any way.

Please refer to the crisis plan reviewed with you at intake for information about all mental health and substance abuse benefits in inpatient and outpatient settings.



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**Participant's Rights**

1. You have the right to be treated professionally with dignity and respect.
2. You have the right to treatment and/or service without regard to age, race, religion, color, sex, creed, ethnic background, nationality, sexual orientation, marital status or handicap. You shall not be deprived of any civil right solely because you are getting treatment or service. You may file a complaint if you feel as though you have been discriminated against on the basis of the rights described in this paragraph with any of the following:



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Intercommunity Action, Inc.  
6012 Ridge Ave.  
Philadelphia, PA 19128

PA Human Relations Commission  
101 S. Second St., Suite 300  
Harrisburg, PA 17105

Bureau of Civil Rights Compliance  
Department of Public Welfare  
PO Box 2675  
Harrisburg, PA 17105

U.S Civil Rights Office  
Health and Human Services  
PO Box 13716  
Philadelphia, PA 19101

Office of Addiction Services  
1101 Market St.  
Suite 800  
Philadelphia, PA 19104



3. You have the right to participate in the development, review and changing of your recovery plan or other service plan.
4. You have the right to ask questions about the treatment and/or services you receive at Interact.
5. If an Interact psychiatrist prescribes medication, you have the right to know about your medication, and what the possible side

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effects are.

6. You have the right to examine your treatment or service record with your staff through a verbal request to your staff. The program director will be informed of your request and may wish to talk with you about your record prior to you examining it. A decision may be made to limit your request which can be appealed by contacting the Program Director. Reasons for the decision will be documented and kept on file.

7. You have the right to enter a written statement qualifying or rebutting information in your record by submitting your statement to your staff. You have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information from your record through a written statement to your staff.
8. You have the right to confidential treatment within the limits of government and Agency guidelines. You have the right to have copies of excerpts or a summary of your record provided to specific persons with your written consent. A copy fee may be charged to provide copies of record information to you or to other people.

**Participant's Responsibilities**

While Interact is committed to the Participant's Rights listed above, we also recognize the responsibility all participants have when seeking and receiving services. We request that you become familiar with and respect the following list of participant responsibilities:

1. You have the responsibility to respect the dignity, rights and confidentiality of others.
2. You have the responsibility to provide or assist Interact in obtaining information necessary for planning your treatment.
3. You have the responsibility to take an active role in your treatment.
4. You have the responsibility to pay (if charged) for service you receive. You must provide accurate/complete insurance information and inform Interact of any changes.
5. You have the responsibility to keep scheduled appointments or to give 24 hour notice when cancellation is necessary.
6. You have the responsibility to ask questions about anything you do not understand.

The above rights and responsibilities have been explained to me fully and I understand them in their entirety.

Participant Signature (guardian-MH under 14)/Date: \_\_\_\_\_

Entered With: \_\_\_\_\_

**Service Related Encounter Information**

Exempt from Billing: \_\_\_\_\_

Activity Type: \_\_\_\_\_

Client Involved: \_\_\_\_\_

Program Providing Service: \_\_\_\_\_

Facility Providing Service: \_\_\_\_\_

Encounter With: \_\_\_\_\_

Service Authorization: \_\_\_\_\_

**Tasks/Schedules**

Next Event Due: \_\_\_\_\_

***Next Scheduled Event***