



Rights Of Minors



Outpatient Behavioral Health Treatment

Information about the
legal rights of children and
adolescents in outpatient
mental health and substance use
treatment

Consent for Mental Health Treatment

If you are younger than 14-years-old, a parent or guardian must agree, in writing, to you receiving outpatient mental health treatment.

If you are 14 years or older, you and your parent or guardian must agree to you receiving outpatient mental health treatment.

If you want treatment but your parent or guardian is unable to agree to it or won't agree to it, you (or someone on your behalf) can petition the county mental health review officer for a review.

If you do not want treatment but your parent/guardian does, the treatment director for the clinic where you are receiving services must petition the mental health review officer for a review.

Regardless of your age, in an emergency, the treatment director for the clinic may allow you to receive outpatient mental health treatment, but no medication, for up to 30 days.

During the 30 days, the treatment director must get informed written consent of your parent or guardian, or file a petition for review for admission with the Mental Health Review Officer.

Review by Mental Health Review Officer and/or Court

Each juvenile court appoints a mental health review officer for their county. Find the mental health review officer for your county at:

www.dhs.wisconsin.gov/clientrights/mhros

The juvenile court must ensure that you are provided any necessary assistance in the petition for review.

If you request it and the mental health review officer believes it is in your best interests, review by the mental health review officer can be skipped and the review will be done by the court (judicial review).

If the **mental health review officer** does the review, a hearing must be held within 21 days of the filing of the petition for review, and everyone must get at least 96 hours (4 days) notice of the hearing.

To approve your treatment (against your will or despite the refusal of your parent/guardian) the mental health review officer must find that all these are true:

- The refusal of consent is unreasonable.
- You are in need of treatment.
- The treatment is appropriate and least restrictive for you.
- The treatment is in your best interests.

If you disagree with the decision of the mental health review officer, you and your parent/guardian will be informed of the right to a judicial review.

If the **court** does the review, within 21 days of the mental health review officer's ruling, you (or someone acting on your behalf) can petition the juvenile court for a judicial review.

A court hearing must be held within 21 days of the petition, and everyone must get at least 96 hours (4 days) notice of the hearing.

If you do not want the treatment, the court must appoint you an attorney at least 7 days prior to the hearing.

If it is your parent/guardian who does not want the treatment and you do not already

have a lawyer, the court must appoint you one.

To approve your treatment (against your will or despite the refusal of your parent/guardian), the judge must find that all these are true:

- The refusal of consent is unreasonable.
 - You are in need of treatment.
 - The treatment is appropriate and least restrictive for you.
 - The treatment is in your best interests.
- A court ruling does not mean that you have a mental illness.

The court's ruling can be appealed to the Wisconsin Court of Appeals.

Consent for Substance Use Treatment

Any minor can consent to substance use treatment at a public facility as long as it is for prevention, intervention, or follow up.

If you are **younger than 12-years-old**, you may only get limited substance use treatment (such as detox) without a parent or guardian's consent.

If you are **12-years-old or older**, you can be provided some limited treatment (assessment, counseling, and detox less than 72 hours) without your parent or guardian's consent or knowledge.

If your parent or guardian agrees to it, you can be required to participate in substance use treatment, including assessment and testing.

Treatment Rights

You must be provided prompt and adequate treatment.

If you are **14 years or older**, you can refuse mental health treatment until a court orders it.

You must be told about your treatment and care.

You have the right to and are encouraged to participate in the planning of your treatment and care.

You and your relatives must be informed of any costs they may have to pay for your treatment.

Record Access and Privacy Rights

Staff must keep your treatment information private (confidential). However, it is possible that your parents may see your records.

If you want to see your records, ask a staff member.

If you are **younger than**

14-years-old, you must view your records in the presence of a parent/guardian, attorney, judge, or staff member. You may always see your records on any medications you take.

Regardless of your age, staff may limit how much you may see of your records. They must give you reasons for any limits.

If you are **at least 14-years-old**, you can consent to releasing your own mental health treatment records to others.

If you are **at least 12-years-old**, you can consent to releasing your substance use treatment records to others.

Personal Rights

You must be informed of your rights.

Reasonable decisions must be made about your treatment and care.

You cannot be treated unfairly because of your race, national origin, sex, gender expression, religion, disability or sexual orientation.

Patient Rights Help

If you want to know more about your rights or feel your rights have been violated, you may do any of the following:

- **Contact patient rights staff.** Their contact information should be provided to you by your treatment provider. Treatment providers should also list this information on a poster.
- **File a complaint.** Patient rights staff will look into your complaints. They will keep your complaints private (confidential); however, they may need to ask staff about the situation.
- **Contact Disability Rights Wisconsin.** They are the protection and advocacy organization for Wisconsin. Their advocates and attorneys can help you with patient rights questions. Call **608-267-0214** or **800-928-8778**.

For more information, visit:

www.dhs.wisconsin.gov/clientrights/minors

Wisconsin Department of Health Services
Division of Care and Treatment Services
P-20470B (06/2021)

Rights of Minors: Outpatient Behavioral Health Treatment

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Patient Rights Help

- Contact the client rights staff at your treatment provider.
- File a complaint. Client rights staff will look into your complaint.
- Contact Disability Rights Wisconsin at 800-928-8778. Their advocates and attorneys can help you with patient rights questions.

For More Information

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Samaritan

HEALING MIND, BODY, SPIRIT

NOTICE OF UPDATED PRIVACY PRACTICES

This notice tells you how we make use of your health information at our Center; how we might disclose your health information to others; and how you can get access to the same information.

Please review this notice carefully.

Samaritan is required by law to maintain the privacy of your health information. Samaritan is also required to provide you with a notice that describes Samaritan's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this notice or if you want more information about Samaritan's privacy practices, please contact Samaritan Privacy Official, 1205 Province Terrace, Menasha, WI 54952.

HOW SAMARITAN MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

To Provide Treatment

We may use or disclose your health care information in the provision, coordination or management of your health care. Our communications to you may be by telephone, cell phone, e-mail or by mail, according to your preferences. For example, we may use your information to call and remind you of an appointment or to refer your care to another health care provider. If another provider requests your health information and they are not providing care and treatment to you we will request an authorization from you before providing your information.

To Obtain Payment

Samaritan may include your health information in invoices to collect payment from third parties for the care you may receive here. For example, Samaritan may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Samaritan. *By signing the "Fee Agreement for Professional Services" form, you are giving your permission to do this.* We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

To Conduct Health Care Operations

We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received. If the activities require disclosure outside of our health care organization we will request your authorization before disclosing that information.

HOW SAMARITAN MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

When Legally Required

Samaritan will disclose your health information when it is required to do so by any federal or local law.

To Protect Public Health

We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting

problems with products and reactions to medications to the Food and Drug Administration.

PLEASE NOTE: Licensing requirements may mandate additional reporting based upon their standards such as to prevent or control body/head lice, etc.

To Report Abuse, Neglect or Violence Against a Child

Samaritan is allowed to notify government authorities if Samaritan believes a child is the victim of abuse, neglect or domestic violence. Samaritan will make this disclosure when specifically required or authorized by law or, *when you agree to the disclosure*, if you are 18 or older.

To Conduct Health Oversight Activities

Samaritan may disclose your health information to a health oversight agency for activities including audits, civil administration or criminal investigations; inspections; licensure or disciplinary action. Samaritan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits, i.e. Social Security.

For Law Enforcement Purposes

As permitted or required by state law, Samaritan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

To Coroners and Medical Examiners

Samaritan may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

In the Event of a Serious Threat to Health or Safety Samaritan may, consistent with applicable law and ethical standards of conduct, disclose your health information if Samaritan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or to the health and safety of the public.

For Specified Government Functions

In certain circumstances, Federal regulations authorize Samaritan to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation Samaritan may release your health information for Worker's Compensation or similar programs.

WHEN SCCIS REQUIRED TO OBTAIN AN AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of treatment referrals/alternatives and marketing require your authorization. Your written authorization is also required to contact you for fundraising purposes, and you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health Information that Samaritan maintains:

Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment of your care. If you would like to make a request for restrictions, you must submit your request in writing to Samaritan Privacy Official, 1205 Province Terrace, Menasha, WI 54952.

Right to Receive Confidential Communications

You have the right to request that Samaritan communicate with you in a certain way. For example, you may ask that Samaritan only conduct communications pertaining to your health information with you privately and with no other family members present. Samaritan will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. For example, records of minor children may be released to parents without a minor child's permission. Exceptions include Alcohol and Other Drug Abuse records; and developmentally disabled persons.

Right to Inspect and Copy Your Health Information

You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form, e.g. PDF saved to a CD. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to Samaritan Privacy Official, 1205 Province Terrace, Menasha, WI 54952. We may charge you a reasonable fee to cover our expenses for copying your health information.

Right to Request an Amendment of Your Health Information If you believe your health information is incorrect, you may ask us to amend the information. You will be asked to make such a request in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

Right to an Accounting

You or your representative has the right to request an accounting of disclosures of your health information made by Samaritan for certain purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Official, HIPAA Officer, Samaritan, 1205 Province Terrace, Menasha, WI 54952. The request should specify the time periods for the accounting, starting April 14, 2003. Accounting requests may not be made for periods in excess of six (6) years. Samaritan will provide the first accounting you request of any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. We must comply with your request within 60 days unless you agree to a 30-day extension.

Right to a Paper Copy of Notice

You or your representative has the right to a separate paper copy of this Notice at any time even if you or your representative has received this notice previously. To obtain a separate paper copy, please contact our office at (920) 886-9319.

Duties of Provider

Samaritan is required by law to maintain the privacy of your health information and to provide you and your representative with this Notice of our duties and privacy practices. Samaritan is required by law to notify you following a breach of unsecured protected health information. Samaritan is required to abide by the terms of this Notice, which may be amended from time to time.

Samaritan reserves the right to change the terms of our Notice and to make new Notice provisions effective for all health information that it maintains. If Samaritan makes a material change to this Notice, Samaritan will make the new notice available to you at your request and will post the new notice at the location of service. You or your representative has the right to express complaint to Samaritan and the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Samaritan should be made in writing to the Privacy Official, HIPAA Officer, Samaritan, 1205 Province Terrace, Menasha, WI 54952. Samaritan encourages you to express any concerns you may have regarding the PRIVACY of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Samaritan has designated the Privacy Official as our contact person for all issues regarding client privacy and your rights under the Federal Privacy Standards. You may contact this person at Samaritan 1205 Province Terrace, Menasha, WI 54952 or at (920) 886-9319.

EFFECTIVE DATE

This revised Notice is effective September 23, 2013. If you have any questions, please contact Privacy Official, HIPAA Officer, Samaritan, 1205 Province Terrace, Menasha, WI 54952 or (920) 886-9319.

Resources from the HIPAA Collaborative of Wisconsin were used in the creation of this notice.