



Youth Consultation Service
YOUTH CONSULTATION SERVICE
THE DR. HELEN MAY STRAUSS CLINIC

Patient's Bill of Rights

- *You have the right to considerate and respectful care provided without discrimination in a humane physical and psychological environment.*
- *You have the right to receive treatment pursuant to an individually developed plan and to participate in the establishment and revision of the plan.*
- *You have the right to accept or reject the treatment prescribed and the opportunity to discuss information contained in the clinical record with a mental health professional.*
- *You have the right to privacy and dignity: all communications and records pertaining to your care are to be protected and treated as confidential as per the YCS Notice of Privacy Practices.*
- *You have the right to be protected from harm. This includes:*
 - *freedom from restraints and seclusion;*
 - *freedom from involvement in research without written consent;*
 - *freedom from deprivation of any civil right solely by reason of receiving treatment.*
- *You have the right to be free from corporal punishment.*
- *You have the right to treatment in the least restrictive setting, free from physical restraints and isolation.*
- *You have the right to the least restrictive conditions necessary to achieve the goals of treatment/services.*
- *You have the right to refuse medication and to be free from unnecessary or excessive medication.*
- *You have the right to information conveyed in language understood by the layperson.*
- *You have the right to exercise your civil rights.*
- *You have the right to information about YCS and its relationships with health care and educational institutions insofar as care is concerned.*
- *You have the right to not be subjected to non-standard treatment or procedures, experimental procedures or research, psycho-surgery, sterilization, electro-convulsive therapy or provider demonstration programs, without written informed consent,*
 - *If the client has been adjudicated incompetent, authorization for such procedures, may be obtained only pursuant to the requirements of N.J.S.A 30:4-24.2(d)2*

YOUTH CONSULTATION SERVICE
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If you have a complaint about any aspect of your treatment here, you have the right to initiate a complaint either by contacting the following members of YCS, or by contacting one of the agencies listed below.

The Associate Director for Clinical Services for the Dr. Helen May Strauss Clinic (973-395-5500 ext. 301). Your complaint will be reviewed within ten (10) days and a written report will be given to you.

If your complaint is not resolved to your satisfaction, you have the right to request a meeting with the President/CEO of YCS (973-482-8411) Your complaint will be reviewed within ten (10) days and a written report will be given to you.

• You may contact the following agencies at any time during the complaint process.

Division of Child Protection and Permanency (DCP&P) 4 Echelon Plaza 201 Laurel Road Voorhees, NJ 08043 Telephone: 856-772-1549	State of New Jersey Division of Mental Health Advocacy Justice Hughes Complex 25 Market Street Trenton, NJ 08625 Telephone: (877) 285-2844
Camden County Mental Health Administrator Attn: George Forman; C-PAC 6981 Northpark Drive; Suite 309-310 Pennsauken, NJ 08109 Telephone (856) 663-3998	Division of Child Behavioral Health Services 50 East State Street Trenton, NJ 08625 Camden Team Leader - DCF: Juanita Blair Cell: 609-571-8394
Department of Human Services Capital Place One 222 South Warren Street P.O. Box 700 Trenton, NJ 08625-0700 609-292-3717	Community Mental Health Law Project Station House Office Building 900 Haddon Avenue, Suite 400 Collingswood, NJ 08108 Phone/TTY: (856) 858-9500
State of New Jersey Division of Mental Health and Addiction Services Southern Region Office 301 Spring Garden Road Ancora NJ 08037-9699 (609) 561-1700	Adult Protective Services (APS) Camden Camden County Board of Social Services 600 Market Street, Lower Level Camden, NJ 08102 Phone: 856-225-8191 After Hours: 211
Diane Sharley Division of Mental Health and Addiction Services Ombudsperson 222 South Warren Street Trenton, NJ 08625 (609) 777-0717	

My signature means that I have been informed of these rights and have received a copy of these documents. No rights are given up because of my signature.

 Signature of Parent/Guardian

 Date

 Signature of Witness

 Date