

# Mental Health Bill of Rights

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This Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. Its purpose is to protect the rights and enhance the well-being of clients, by informing them of key aspects of the clinical relationship. As a client of a New Hampshire Mental Health Practitioner, you have, without asking, the right:

- (1) To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the professional ethical standards for clinical mental health counselors and the American Mental Health Counselor Association.
- (2) To receive full information about your treatment provider's knowledge, skills, experience and credentials.
- (3) To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically, confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:
  - a. abuse of a child;
  - b. abuse of an incapacitated adult;
  - c. Health Information Portability and Accountability Act (HIPAA) regulation compliance;
  - d. certain rights you may have waived when contracting for third party financial coverage (e.g. insurance coverage);
  - e. orders of the court;
  - f. significant threats to self, others or property.
- (4) To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession and to know that sexual relations between a mental health provider and a client, or former client, are a violation of law (RSA 330-A:36).
- (5) To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses (RSA 330-A:2 VI).
- (6) To participate meaningfully in the planning, implementation and termination or referral of your treatment.
- (7) To documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treatment for which safety and effectiveness has not been established, therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.
- (8) To obtain information regarding the provision(s) for emergency coverage.
- (9) To receive a copy of your mental health record within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the

administrative costs of reproducing the record. If you request copies of your record, you will be billed accordingly at a rate of 10 cents per page and the cost of the time for copying.

(10) To know that your mental health provider is licensed by the State of New Hampshire to provide mental health services.

a. You have the right to obtain information about mental health practice in New Hampshire. You may contact the Board of Mental Health Practice for a list of names, addresses, phone numbers and websites of state/national professional associations listed in MHP 502.2(a)(1)(a-e).

b. You have the right to discuss questions or concerns about the mental health services you receive with your provider.

c. You have the right to file a complaint with the Board of Mental Health Practice. You should first talk with your therapist regarding any grievance involving your evaluation and/or treatment. If you are not satisfied by the therapist's response to your grievance, you may directly contact the New Hampshire Board of Mental Health Practice, 121 South Fruit Street, Concord, New Hampshire 03301.

d. Any problem having to do with charges or billing should first be discussed with the Business Office staff. If you do not know who these people are, inquire at the reception desk and their names will be given to you.

(11) You have the right to seek out a second opinion or consult with another service provider at your own cost.

(12) You have the right to be free from restraint except in an emergency.

(13) Treatment is routinely terminated based on a joint decision made by you and your therapist. Either of you, however, can terminate treatment independently, the basis of which will be documented in your clinical record.

(14) Mental health providers are required to communicate with your psychiatrist on a quarterly basis if you are taking psychotropics. If you have not had a physical in the past year, you are encouraged to have one.

**Signed Consent for Treatment:** By signing below you indicate that you have received a copy of this informed consent, and agree to the general policies, privacy policy and guidelines

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**Patient Signature**

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**Date**