



Know Your Patient Rights

Which Laws Protect People in a Medication-Assisted Treatment Program?

1. *Americans with Disabilities Act –“ADA.” Applies to:* Private employers if 15+ employees (Title I); Local and State governments (Title II); Places of Public Accommodation” – private places open to the public, e.g. hospitals, doctors’ offices, day care, hotels. (“Title III”)

2. *Rehabilitation Act of 1973 (“Rehab Act”)* - Applies to Federal Government, Federally funded State/local government activities, and federally funded private programs or activities.

State Laws Protect People in a Medication-Assisted Treatment Program?

WV TITLE 69 LEGISLATIVE RULE SERIES 12 REGARDING MEDICATION ASSISTED TREATMENT

3. *The Patient Rights section states:*

18.1. Each OBMAT program shall develop and implement policies and procedures which guarantee the following rights to patients:

18.1.a. To be informed, both verbally and in writing, of program rules and regulations and patients’ rights and responsibilities. The rights and responsibilities shall be posted prominently and reviewed with the patient at admission, at the end of a stabilization period, at the time of an annual treatment review and at any time changes in the rights and responsibilities occur;

18.1.b. To receive treatment provided in a fair and impartial manner regardless of race, sex, age, sexual orientation or religion; including the right to choose a counselor who accepts their insurance.

18.1.c. To receive an individualized plan of care or treatment strategy developed according to guidelines established by a nationally recognized authority and approved by the Program Director.

18.1.d. To receive medications required by the individualized plan of care or treatment strategy on a schedule developed in accordance with applicable federal requirements and approved guidelines and protocols that is the most accommodating and least intrusive and disruptive method of treatment for most patients;

You will also have the right to discuss the dose of your medication with the prescribing physician and the treatment team at every medical group meeting. Any decrease in the dose of medication will be with your knowledge.

18.1.e. To be informed that random drug testing of all patients shall be conducted during the course of treatment as required in this rule, and that any refusal to participate in a random drug test shall be considered a positive test. The patient shall be informed of the consequences of having a positive drug screen result;

18.1.f. To be entitled to participate in an OBMAT program that provides an adequate number of competent, qualified and experienced professional staff to implement and supervise the individualized plan of care or treatment strategy;

18.1.g. To be informed about potential interactions with and adverse reactions to other substances, including alcohol, other prescribed medications, over-the-counter pharmacological agents, other medical procedures, and food;

18.1.h. To be informed about the financial aspects of treatment, including the consequences of nonpayment of required fees; which may be referral to another program and/or discharge from our program.



18.1.i. To be given a copy of the initial assessment, written acceptance into the program; or, in the case of denial of admission a referral to an appropriate treatment program based upon the results of the initial assessment;

18.1.j. To ensure confidentiality in accordance with federal regulations, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996, as amended;

18.1.k. To be informed of the extent of confidentiality, including the conditions under which information can be released without consent, the use of identifying information for the purposes of program evaluation, billing and statutory requirements for reporting abuse;

18.1.l. To give informed consent prior to being involved in research projects and the right to retain a copy of the informed consent form;

18.1.m. To receive full disclosure of information about treatment and medication, including accommodation for those who do not speak English, or who are otherwise unable to read an informed consent form; and

18.1.n. To be entitled to protection from other patients' disruptive actions or behavior. The program shall attempt to determine the cause of that behavior so that an appropriate referral to an alternative method of care can be made.

18.2. The OBMAT program shall have patient grievance procedures which shall be displayed in the patient care area in a conspicuous place and easily available to patients. They should include program rules, consequences of noncompliance and procedures for filing a complaint or grievance. The procedures shall inform the patients of the following:

18.2.a. The right of a patient to express verbally or in writing his or her dissatisfaction with or complaints about treatment received;

18.2.b. The right of a patient to initiate grievance procedures without fear of reprisal;

18.2.c. The right of a patient to be informed of the grievance procedure in a manner that can be understood by the patient; and

18.2.d. The right of a patient to receive a decision in writing with the reasoning articulated.

18.3. Administrative withdrawal shall be used only as a sanction of last resort. It is the responsibility of the program to make every attempt before a patient is discharged to accommodate the patient's desire to be referred to an alternative treatment program as appropriate.

For all complaints and grievances please direct them to the Medical Director of this Program, Dr. Mark Anthony Coomes. If Dr. Coomes cannot resolve your grievance, please contact OHFLAC in Charleston, WV 304.588.4147 for further escalation.

4. Federal Laws that do not directly involve the MAT program:

a. Fair Housing Act: applies to most housing providers (landlords), and others who sell or rent housing

(brokers)

b. Workforce Investment Act: applies to federally funded workforce development programs