

**Outreach, Screening, Assessment and Referral (OSAR)**  
Bluebonnet Trails Community Services (BTCS)

**Client Rights**

Individuals requesting services from OSAR- (BTCS) have the following rights:

1. The right to give informed consent or to refuse services and to be advised of the consequences of such a decision;
2. The right to actively participate in the development and periodic review of an individual service plan and to know the qualifications of staff providing services;
3. The right to a grievance procedure;
4. The right to a humane and safe environment free from abuse, neglect, and exploitation;
5. The right to dignity and personal privacy;
6. The right to free communication within the constraints of the individualized service plan with justification for any restrictions documented in the client record;
7. The right to know about the cost and third party coverage of services including limitations on the duration of services;
8. The right to refuse to participate in research without compromising access to services;
9. The right to receive a complete explanation of client rights and grievance procedures in a language the client understands. \*Client will receive an explanation of these rights upon request at any time throughout the span of services.

**Grievance Procedure**

You have the right to file a complaint with any staff member or submit a complaint against a Substance Abuse or Narcotic Treatment Facility by submitting information to the following:

**Complaint hotline:** (800) 832-9623

**Email:** [SACG@dshs.state.tx.us](mailto:SACG@dshs.state.tx.us)

**Fax:** (512) 834-6638

**Mailing address:**

Substance Abuse Facility Investigations (MC 1979)

Texas Department of State Health Services

P.O. Box 149347

Austin, TX 78714-9347

**Limits of Confidentiality**

Federal law and regulations protect the confidentiality of client records maintained by this program. Representatives of the program may not disclose to anyone outside the program whether a client participates in or has had contact with the program. The ONLY exceptions are:

1. The client or the client's legally authorized representative consents in writing.
2. The disclosure is made to medical personnel in a medical emergency or to a qualified person for research, audit or program evaluation.
3. The disclosure is required by court order. The right to privileged communication for physicians, psychologists, and other mental health professionals is not recognized by the courts of the State of Texas. If certain information regarding a participant is formally requested by a court order, our agency has no choice but to provide that information.
4. The staff at OSAR-BTCS is ethically bound to report any information that suggests a participant is a danger to him/herself or another person. Texas law requires the staff at OSAR-BTCS to report suspected cases of child abuse or neglect.

*\*Outreach, Screening and Referral (OSAR) is a member of a secure, web-based client referral and information system known as CMBHS. Information concerning your history, care and treatment may be communicated to agencies using CMBHS in several ways, one of which may include communication through a computer-based system that uses telephone lines and wireless lines to send and receive information. The highest levels of security measures will be used to protect the confidentiality of all information sent and received by OSAR staff.*

**Authorization and Informed Consent**

I understand my rights as a client and the limits of confidentiality of services by the program.

Client signature \_\_\_\_\_ Social. Security # \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 5/8/2018