

We, at North Range Behavioral Health, want you to be familiar with your rights before, and at admission into services. In accordance with the Colorado Behavioral Health Administration, each individual has the right to:

1. Participate in all decisions involving the individual's care or treatment.
2. Be informed about whether North Range Behavioral Health is participating in teaching programs, and to provide informed consent prior to being included in any clinical trials relating to the individual's care.
3. Refuse any drug, test, procedure, service, or treatment and to be informed of risks and benefits of this action.
4. Receive care and treatment, in compliance with state statute, that is free from discrimination on the basis of physical or mental disability, race, ethnicity, socio-economic status, religion, gender expression, gender identity, sex, sexuality, culture, and/or languages spoken; and that recognizes an individual's dignity, cultural values and religious beliefs; as well as provides for personal privacy to the extent possible during the course of treatment.
5. Be informed of, at a minimum, the first names and credentials of the personnel that are providing services to the individual. Full names and qualifications of the service providers must be provided upon request to the individual or the individual's designated representative or when required by the department of regulatory agencies.
6. Receive, upon request:
 - a. Prior to initiation of non-emergent care or treatment, the estimated average charge to the individual. This information must be presented to the individual in a manner that is consistent with all state and federal laws and regulations.
 - b. North Range's general billing procedures.
 - c. An itemized bill that identifies treatment and services by date. The itemized bill must enable individuals or their legal representatives to validate the charges for items and services provided and must include contact information, including a telephone number, for billing inquiries. The itemized bill must be made available either within ten (10) business days of the request, thirty (30) days after discharge, or thirty (30) days after the service is rendered – whichever is later.
7. Give informed consent for all treatment and services. The personnel must obtain informed consent for treatment they provide to the individual. Informed consent includes:
 - a. A written agreement executed between North Range and the individual or the individual's legal representative at the time of admission. The parties may amend the agreement if there is written consent of both parties. No agreement will be construed to relieve North Range of any requirement or obligation imposed by law or regulation.
 - b. Individual consents must include consent to treatment. If the individual is refusing treatment or an aspect of treatment, North Range must have the individual sign a form to confirm their refusal.
 - c. If the governor or local government declares an emergency or disaster, North Range may obtain documented oral agreements or consents in place of written agreements or consents. Documented oral agreements and consents may only be used as necessary because of circumstances related to the emergency or disaster. North Range shall send a hard copy or electronic copy of the documented agreement or consent to the individual within two (2) business days of the oral agreement or consent.
8. Register disputes with North Range and grievances with the Colorado Behavioral Health Administration and to be informed of the procedures for registering complaints and grievances including contact information.
9. Be free of abuse and neglect.

10. Be free from the improper application of restraints or seclusion. Restraints or seclusion may only be used in a manner consistent with Colorado Rule.
11. Expect that North Range can meet the identified and reasonably anticipated care, treatment, and service needs of the individual.
12. Receive care from North Range in accordance with the individual's needs.
13. Have the confidentiality of their individual records maintained.
14. Receive care in a safe setting.
15. Be notified if referrals to other providers are to entities in which North Range has a direct or indirect financial benefit, including a benefit that has financial value, but is not a direct monetary payment.
16. Formulate medical and psychiatric advance directives and have North Range comply with such directives, as applicable, and in compliance with applicable state statute.

Complaint Process

If you wish to submit a complaint to the North Range Behavioral Health Consumer Advocate:

Contact: 970.313.1139 — complaints accepted verbally or in writing. You may remain anonymous.

If you wish to submit a complaint to the BHA:

- Phone: 303.866.7191
- Email: CDHS_BHA_complaint@state.co.us
- Address: 710 S. Ash St., Denver, CO 80246
- Website: <https://bha.colorado.gov/contact/contact-us>

Requesting Records

If you wish to inspect or request a copy of your records, contact the Medical Records staff at:

- 970.347.2422
- 970.347.2494