

What is JAMHI Health and Wellness?

JAMHI Health and Wellness (JAMHI) provides services for persons experiencing substance use, mental health and behavioral disorders, traumatic brain injury and developmental disabilities. In addition, we provide primary care treatment, wellness activities and pharmacy services.

Statement of Client Rights and Responsibilities

Your treatment and care is individualized and specific to you. We provide services in a welcoming, comprehensive, accessible manner to best meet your needs and consider you to be a valued member of your treatment team.

As a JAMHI client, I have a right to:

Basic Rights

- Be treated with respect and dignity.
- Receive services specific to me and my life.
- Be heard.
- Be safe.
- Participate in developing, reviewing and updating my treatment plan.
- View my client record, get a copy of my client record or have a copy of my client record sent directly to a third party within a reasonable timeframe.
- Receive information I need to make choices about services and programs available to me within the community and how to access those services.
- File a grievance if I feel I have been treated unfairly.
- Have rules, regulations, and information about my treatment explained in a way that I can understand.

Confidentiality

- Have all information about me handled confidentially. Exception: Information may be disclosed without consent under the following situations:
 - Known or suspected child abuse or neglect
 - Intent to commit suicide or homicide including warning of potential victim(s)
 - A medical or psychiatric emergency
 - To report a crime committed on JAMHI property or against JAMHI staff
 - If JAMHI receives a special court order requiring release
- Have my personal information shared only with those who need to know.

Consent for Sharing Your Information

- Sign a Release of Information form (ROI) so JAMHI can get or share information about me to assist in my treatment.
- Revoke the ROI if I choose to stop sharing information.

Care and Treatment

- Have access and referral to guardians, self-help groups, advocacy services, and legal services when available and necessary.
- Receive information about (including possible side effects) medications prescribed for me.
- Receive an explanation of charges and billings.
- Request a written summary of my treatment that includes discharge and transition plans.



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As a JAMHI client my responsibilities are to:

- Actively participate in treatment including reviewing my treatment plan periodically (usually every 120 days).
- Inform staff of emotions, events, or commitments which may impact treatment.
- Maintain the confidentiality of other clients I may see at JAMHI facilities and activities.
- Be on time for appointments and give 24-hour notice if I cannot make an appointment.
- Provide health insurance information or financial information so JAMHI can determine if I qualify for reduced payment rates. If I choose not to provide this information, I will be responsible for payment of the full amount of services received.
- Appropriately communicate the needs I have while keeping myself and others safe.
- ***Understand that violence, threats, or verbal abuse are not tolerated and may result in discharge from JAMHI services.***

Signature

I have read, understand, and agree to the above statements.

Client Signature

Date

Guardian Signature (if applicable)

Date