

*Consumer Services and Rights Protection • Revised April, 2025*

# **Handbook of Consumer Rights Mental Health and Substance Abuse**



**TEXAS**  
Health and Human  
Services



*This book belongs to*



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This handbook is provided to make you aware of the rights guaranteed to you while you are receiving services within the Department of Health and Human Services (HHSC) system. This listing of rights is not complete, but rather, it should increase your awareness that you retain your rights as a citizen unless there is a specific reason to restrict them under law or court order.

The information in this handbook should not be considered the granting or denying of any right guaranteed under the law. In addition to your rights, as a consumer of mental health services, you may also have responsibilities. These may include, but are not limited to, active participation in treatment, attending scheduled appointments, taking medications as prescribed, and following through on treatment recommendations. If you have a question or concern regarding your rights and responsibilities as a consumer of services in the public mental health system, you should contact the Rights Protection Officer.

Under law, the state facility or community mental health center is responsible for making sure that you have been informed of your rights. The HHSC system is required to respect and provide for your rights.

To help you determine which rights in this handbook apply to you, you should be aware of your status with respect to the following conditions:

- Type of treatment program you are in (outpatient, inpatient, or other residential);
- Your legal status (competent adult, adult or minor with a guardian, emancipated minor, or minor with a conservator);
- Your admission status (voluntary, emergency detention, Order of Protective Custody, Court Order for Temporary or Extended Services, or Forensic Commitment). If you are not sure of your status, ask your treatment provider or ask for assistance from your Rights Protection Officer.

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## **Your Right to be Informed of Your Rights**

You have the right to be given a copy of these rights before you agree to accept voluntary services or when you are admitted to involuntary services. A copy can also be given to the person of your choice. If a guardian has been appointed for you, or you are less than 18 years-of-age (less than 16 years-of-age if you have been admitted voluntarily to inpatient services), another copy will be given to your guardian, parent, or conservator.

You also have the right to have these rights explained to you aloud in a language you can understand within 24 hours of being admitted for services. This same explanation must also be given to your guardian, parent, or conservator, as appropriate.

You have the right to make a complaint and to be informed of whom to call for help. The addresses and phone numbers are listed below. You have the right to make a complaint without any form of retaliation.

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# **Your Right to Make a Complaint**

If you believe any of your rights have been violated or you have other questions, concerns, or complaints about your rights or your care, you may contact one or more of the following:

## ***The Harris Center Rights Protection Office***

9401 Southwest Freeway  
Houston, TX 77074

713- 970-7742 or 713-970-7211  
Fax # 713-970-7694

## ***Texas Department of Health and Human Services:***

### **Complaints regarding a state mental health facility**

Complaint hotline: 1-800-458-9858, Option 5

Email: [hfc.complaints@hhs.texas.gov](mailto:hfc.complaints@hhs.texas.gov)

### **Complaint Against Substance Abuse (Chemical Dependency) or Narcotic or Opioid Treatment Facilities)**

Complaint hotline: 1-800-458-9858, Option 1

Email: [cii.SA@hhsc.state.tx.us](mailto:cii.SA@hhsc.state.tx.us)

Fax: 833-709-5735

Mailing address:

Health and Human Services Commission

Complaint and Incident Intake

Mail Code E-249

P.O. Box 149030

Austin, Texas 78714-9030

## ***Texas Department of Health and Human Services***

### **Complaints regarding LCDC professional licensure Regulatory**

HHSC, Professional Licensing Complaints

PO Box 149347, Mail Code 1979,

Austin, TX 78714-9347

Fax: (512) 438-5671

Email: [lcdd\\_complaints@hhs.texas.gov](mailto:lcdd_complaints@hhs.texas.gov)

## ***Disability Rights Texas***

1500 McGowen St.

Houston, TX 77004

Voice & TDD: 1-800-252-9108

Office Number: 713-974-7691 / Fax #: 956-630-3445

You have the right to be told about Advocacy, Inc. when you first enter an inpatient unit and also when you leave. Advocacy, Inc., is a federally-funded agency which is independent of HHSC and whose purpose is to protect and speak up for your rights.

If you believe you have been abused or neglected,  
you can make a report to:

*Texas Department of Family and Protective Services*

P.O. Box 149030

Austin, TX 78714-9030

Mail Code E-561

1-800-252-5400 / Fax #: 512-339-5892

If you believe your attorney did not prepare your case properly or that your attorney failed to represent your point of view to the judge when you were involuntarily committed, you may report the attorney's behavior to the State Bar of Texas by writing or calling:

*State Bar of Texas*

**Chief Disciplinary Counsel**

1414 Colorado, P.O. Box 13287 Austin 78711

(512) 427-1463 Toll Free: (800) 204-2222

You have the right to be offered the opportunity to complete a satisfaction survey at discharge from an inpatient program, telling us what you did like or did not like.

You may request an early survey at any time during your stay by asking your social worker or by contacting the Office of Consumer Services. This right extends to your family.

See TAC: Title 25 Part 1 Chapter 404 Sub-chapter E, Rights of Persons Receiving Mental Health Services, for complete details on Client Rights.

# **Basic Rights for All Persons Receiving Mental Health Services**

*Applies to inpatient programs and accredited outpatient programs.  
(Outpatient as well as Residential Inpatient Programs)*

1. You have all the rights of a citizen of the State of Texas and the United States of America, including the right of habeas corpus (this means you have the right to ask the court if it is legal, based on the procedures of your court commitment, for you to be kept in the hospital), property rights, guardianship rights, family rights, religious freedom, the right to register and vote, the right to sue and be sued, the right to sign contracts, and all the rights relating to licenses, permits, privileges, and benefits under the law.
2. You have the right to be presumed mentally competent unless a court has ruled otherwise.
3. You have the right to be treated without discrimination due to your race, religion, sex, ethnicity, nationality, age, sexual orientation, or disability. If you believe you have been discriminated against for any of the reasons listed above, you may contact the Texas HHSC Civil Rights Office at 1-888-388-6332.
4. You have the right to be treated in a clean and humane environment in which you are protected from harm, have privacy with regard to personal needs, and are treated with respect and dignity.
5. You have the right to appropriate treatment in the least restrictive, appropriate setting available that provides protection for you and the community.
6. You have the right to be free from mistreatment, abuse, neglect, and exploitation. If you believe you have been abused, neglected or exploited, you should contact DFPS at 1-800-252-5400.



7. You have the right to protection of your personal property from theft or loss.
8. You have the right to be told in advance of all estimated charges being made, the cost of services provided, sources of the program's reimbursement, and any limitations on length of services. You should be given a detailed bill of services upon request, the name of an individual to contact for any billing questions, and information about billing arrangements and available options if insurance benefits are exhausted or denied. You may not be denied services due to an inability to pay for them.
9. You have the right to fair compensation for any work performed in accordance with the Fair Labor Standards Act.
10. When you are admitted to an inpatient or outpatient program, you have the right to be informed of all rules and regulations related to those programs.

### ***Confidentiality***

11. You have the right to review the information contained in your medical record. If your doctor says you shouldn't see parts of your record, you have the right to have the decision reviewed. The right to review your records extends to your parent or conservator if you are a minor (unless you have admitted yourself to services) and to your legal guardian.
12. You have the right to have your records kept private. You also have the right to be told about the conditions under which information about you can be shared without your permission. You should be aware that your records may be shared with employees of the HHSC system (state facilities and community LMHA centers) who need to see them in order to provide services to you. You should also be aware that your status as a person receiving mental health services may be shared with jail personnel if you are incarcerated.

13. You have the right to be informed of the use of any media devices, such as one-way vision mirrors, tape recorders, television, movies, or photographs.
14. Except in an emergency, medical and/or surgical procedures require your permission or the permission of your guardian or legal representative. You have the right to know the advantages and disadvantages of medical and surgical procedures
15. You have the right to consent or withhold consent to take medication unless a court has ordered you to take them, your guardian has consented to their administration, or there is an emergency situation in which you or someone else might be harmed due to your behavior.
16. You have the right to consent or withhold consent to participate in research.
17. You have the right to withdraw your permission at any time in all matters for which you have previously consented. If you do not grant consent or if you withdraw your consent for any particular treatment, it will have no effect upon your eligibility for any other care and treatment.

### ***Care and Treatment***

18. You have the right to an individualized treatment plan. You have the right to take part in developing that plan, as well as the treatment plan for your care after you leave the hospital or community program. Your parent/conservator (if you are a minor), or your legal guardian, has the right to participate in the development of the treatment plan. You have the right to request that any other person that you choose take part in the development of the treatment plan. Your request should be reasonably considered and you will be informed of the reasons for any denial. Staff must document in your medical record that the parent, guardian, conservator, or other person of your choice was contacted and invited to participate.



# **Additional Rights of Persons Admitted to Inpatient/Residential Programs**

1. You have the right to exercise religious freedom, including the right to refuse religious activity.
2. You have the right to ask to be moved to another room. The staff must pay attention to your request and give you an answer and a reason for the answer as soon as possible.
3. You have the right to receive treatment for physical or medical problems which affect your treatment. If your physician believes treatment of the physical problem is not required for your health, safety, or mental condition, you have the right to seek treatment outside the inpatient unit at your own expense.
4. If you are in a state hospital or a state center and there is no way to pay for your own transportation home when you are released, the state will pay the cost of transportation.
5. If you are an adult, without a guardian, who has been admitted to an inpatient program, you have the right to be given information about your health care decisions and to execute advanced directives as allowed by state law.
6. You have the right to have individuals of your choosing notified of your admission and/or discharge.
7. You and your family have the right to be notified of the availability of the trust fund for the safekeeping of your personal funds.
8. You have the right to be informed in writing about any prescription medications ordered by your treating physician, including the name of the medication, the conditions under which it may be prescribed, any risks, benefits, and side-effects and the source of the information provided. This

right extends to your family, so long as you agree to it.

9. You have the right to receive a written list of the medication prescribed to you within four (4) hours of requesting it in writing. The list must include the name of each medication, its dosage, how it is given, and how often it is given as well as the name of the doctor who prescribed it. This right extends to your family, with your consent.
10. You have the right to be free from physical restraint and seclusion unless a physician orders it. You may be restrained or secluded in an emergency situation without a physician's order. If the physician does not agree with this decision, you will be released. You must be told why you were restrained or secluded and what you must do to be released.

If you are in an inpatient program, the following rights (11-16) may be limited by your physician, but only on an individual basis in order to maintain your physical and/or emotional well-being or to protect another person. The reasons for any limitation must be written in your medical record, dated, signed by your physician, and fully explained to you and any person legally authorized to represent your interest. Unless otherwise specified, the limit on your rights must be reviewed no less often than every seven- (7) days and if renewed, renewed in writing.

11. You have the right to communicate with others, in writing, by phone and in person, with as much privacy as possible. These rights are:
  - Reasonable visiting hours,
  - Opportunities for parents to visit with their minor children,
  - Access to a telephone, and to send and receive sealed and uncensored mail.



# **Additional Rights of Persons Admitted to Inpatient Programs**

*Voluntary Admission, Special Rights NOTE: This section does not apply to forensic commitments.*

1. You have the right to request your discharge from voluntary admission to a hospital or crisis stabilization unit at any time. You can make this request in writing or by telling a staff person. The staff person must document your request for discharge.
2. By law, you have the right to be discharged from the hospital within four (4) hours after you make a request to be discharged. There are only three reasons why you would not be released:
  - If you change your mind and decide to stay, you can sign a paper that says that you do not wish to leave, or you can tell a staff member that you do not want to leave. The staff member has to write it down for you.
  - If you are under 18 years old and the person who admitted you (your parents, guardian, or conservator) does not want you to leave, you may not be able to leave. If you request your release, staff must explain to you whether or not you can sign yourself out and why. The hospital or crisis stabilization unit must notify the person who has the authority to sign you out and inform them of your request to leave. The doctor or another member of your treatment team must talk to your parent or guardian and document the date, time, and outcome of the conversation in your medical record.
  - You may be detained longer than four (4) hours if a doctor has reason to believe that you might meet the criteria for court-ordered services or emergency detention because:
    - You are likely to cause serious harm to yourself,
    - You are likely to cause serious harm to others, or

- Your condition will continue to deteriorate and you are unable to make an informed decision as to whether or not to stay for treatment.
  - If the doctor thinks you meet the criteria for court- ordered services or emergency detention, he or she must examine you in person within 24 hours of your filing the discharge request. You must be allowed to leave the hospital upon completion of the in- person examination unless your doctor confirms that you meet the criteria for court-ordered services and files an application for court-ordered services. The application asks the judge to issue a court order requiring you to stay at the facility for services.
  - Even if an application for court-ordered services is filed, you cannot be detained at the hospital beyond 4:00 p.m. of the first business day following the in- person examination unless a court order (order for emergency detention or order of protective custody) is obtained.
  - If the judge agrees with the physician's request, a court order requiring you to stay at the facility will be issued. You have the right to speak with your attorney prior to your court hearing. You also have the right to attend and participate in all scheduled court hearings unless you waive this right. If you waive the right to appear at your court hearing, however, an order for court-ordered services may be issued without your input.
3. You have the right not to have an application for court- ordered services filed while you are receiving voluntary services at an inpatient unit unless your doctor determines that you meet the criteria for court-ordered services and:
- You request your discharge,
  - You are absent without authorization,



- Your doctor believes you are unable to consent to appropriate and necessary treatment, or
- You refuse to consent to necessary and appropriate treatment and your doctor states in a certificate of medical examination that:
  - There is no reasonable alternative treatment and
  - You will not benefit from continued inpatient care without the recommended treatment.

Your doctor may consider the option of discharging you if you refuse to consent to treatment.

4. The doctor must document in your medical record and inform you about any plans to file an application for court-ordered treatment or for detaining you for other clinical reasons. If the doctor finds that you are ready to be discharged, you should be discharged without further delay.
5. You have the right to be free from threats or misleading statements about what might happen if you request to be discharged from a voluntary admission to the inpatient program.

Note: The law is written to ensure that people who do not need treatment are not committed. The Texas Health and Safety Code says that any person who intentionally causes or helps another person cause the unjust commitment of a person to a mental hospital is guilty of a crime punishable by a fine of up to \$5,000 and/or imprisonment in county jail for up to one year.

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# Emergency Detention- Special Rights

*Admission for up to 48 hours for evaluation*

*NOTE: This section does not apply to forensic commitments.*

1. You have the right to be told:
  - Where you are,
  - Why you are being held, and
  - That you might be held for a longer time if a judge decides that you need treatment.
2. You have the right to call a lawyer. The staff must help you call a lawyer if you ask. If you contact a lawyer and engage his or her services, the cost of those services is your responsibility.
3. You have a right to be examined by a doctor as soon as possible, but in no case more than 12 hours after you have been apprehended. You will not be allowed to leave if the doctor believes that you may seriously harm yourself or others, the risk of this happening is likely unless you are detained in an inpatient setting, and emergency detention is the least restrictive means of restraint. If the doctor decides you do not meet all of these criteria, you must be allowed to leave within 48 hours after you were detained, except on weekends and legal holidays, when the decision and your release may be delayed until 12:00 noon on the first regular workday. The decision and your release may also be delayed in the event of an extreme weather emergency. If the court is asked to order you to stay longer, you must be told that you have a right to a hearing within 72 hours.
4. If the doctor decides that you do not need to stay in the inpatient unit, the hospital or crisis stabilization unit will arrange for you to be taken back to where you were picked up if you want to return, or to your home in Texas, or to another suitable place within reasonable distance.

5. You have the right to be told that anything you say or do may be used in legal proceedings for further detention.

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## **Order of Protective Custody - Special Rights**

*Admission for up to 14 days*

*NOTE: This section does not apply to forensic commitments.*

1. You have the right to call a lawyer or to have a lawyer appointed to represent you in a hearing (called a “probable cause hearing”) to determine whether you must remain in custody until a hearing on court-ordered mental health services (temporary or extended commitment) is held. The court appointed lawyer represents you at no cost to you.
2. Before a probable cause hearing is held, you have the right to be told in writing:
  - That you have been placed under an order of protective custody,
  - Why the order was issued, and
  - The time and place of a hearing to determine whether you must remain in custody until a hearing on court-ordered mental health services can be held. This notice must also be given to your attorney.
3. You have the right to a probable cause hearing within 72 hours of your detention on an order of protective custody, excluding weekends or legal holidays, when the hearing may be delayed until 4:00 in the afternoon on the first regular workday, or in the event of an extreme weather emergency.



# Substance Abuse Client Rights

*The following text is from the Texas Administrative Code Title 25, Part 1, Chapter 448, Subsection G, Rule §448.701, "Client Rights". Please note that the language below refers to legacy agency Texas Commission on Alcohol and Drug Abuse (TCADA) as the rule was written prior to the consolidation of TCADA with other agencies to become the Department of State Health Services (DSHS). Where TCADA is mentioned by name in the rule, the same applies to DSHS.*

- The facility shall respect, protect, implement and enforce each client right required to be contained in the facility's Client Bill of Rights. The Client Bill of Rights for all facilities shall include:
- You have the right to accept or refuse treatment after receiving this explanation.
- If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
- You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
- You have the right to be free from abuse, neglect, and exploitation.
- You have the right to be treated with dignity and respect.
- You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
- You have the right to be told about the program's rules and regulations before you are admitted, including, without limitation, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraints and seclusion.
- You have the right to be told before admission:
  - The condition to be treated;
  - The proposed treatment;

- The risks, benefits, and side effects of all proposed treatment and medication;
  - The probable health and mental health consequences of refusing treatment;
  - Other treatments that are available and which ones, if any, might be appropriate for you; and
  - The expected length of stay.
- You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan.
  - You have the right to meet with staff to review and update the plan on a regular basis.
  - You have the right to refuse to take part in research without affecting your regular care.
  - You have the right not to receive unnecessary or excessive medication.
  - You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
  - You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the facility is aware.
  - You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
  - You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.
  - You have the right to complain directly to the Texas Commission on Alcohol and Drug Abuse at any reasonable time.
  - You have the right to get a copy of these rights before you are admitted, including the address and phone number of the Texas Commission on Alcohol and Drug Abuse.

- You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.
  - For residential sites, the Client Bill of Rights shall also include:
    - You have the right not to be restrained or placed in a locked room by yourself unless you are a danger to yourself or others.
    - You have the right to communicate with people outside the facility. This includes the right to have visitors, to make telephone calls, and to send and receive sealed mail. This right may be restricted on an individual basis by your physician or the person in charge of the program if it is necessary for your treatment or for security, but even then you may contact an attorney or the Texas Commission on Alcohol and Drug Abuse at any reasonable time.
    - If you consented to treatment, you have the right to leave the facility within four hours of requesting release unless a physician determines that you pose a threat of harm to yourself and others.
    - If a client's right to free communication is restricted under the provisions of subsection (b)(2) of this section, the physician or program director shall document the clinical reasons for the restriction and the duration of the restriction in the client record. The physician or program director shall also inform the client, and, if appropriate, the client's consentor of the clinical reasons for the restriction and the duration of the restriction.
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TEXAS  
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 *The* HARRIS  
CENTER *for*  
Mental Health and IDD

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