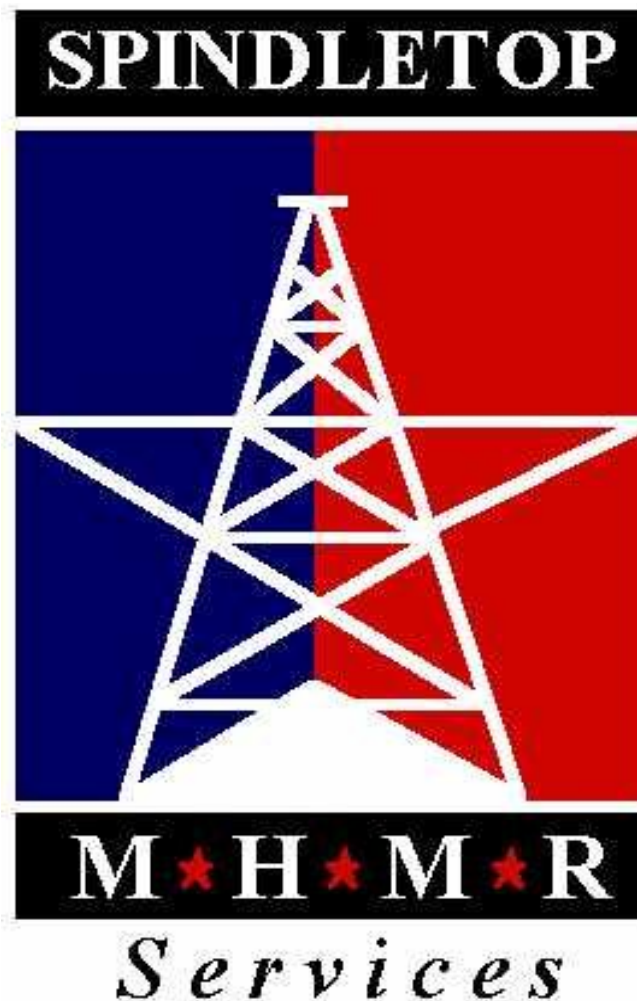


# YOUR RIGHTS AS A CONSUMER OF



Rights Protection Officer -Ginny Morgan  
2750 S 8<sup>th</sup> Street, Beaumont, Texas 77701  
409-839-2226 or 1-800-317-5803  
409-839-2246 Fax or 409-827-0068 Pager  
ginny.morgan@stmhmr.org

**Questions \*\*\*\*\*Comments\*\*\*\*\* Complaints\*\*\*\*\* Safety Concerns**

## **Handbook of Consumers Rights**

This handbook is provided to make sure of the rights guaranteed to you while receiving services at Spindletop MHMR Services hereafter referred to as the Center. This listing of rights is not intended to be comprehensive: rather, it should increase your awareness that you retain your rights as a citizen unless there is a specific authority to restrict them under law or court order. The information in this handbook should not be considered the granting or denying of any rights guaranteed under the law to make sure you have been informed of your rights; however, just giving you this information does not mean your rights have been protected. The Center is required to respect and provide for your rights.

In order 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:

- the 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)

If you are not sure of your status, ask your treatment provider or ask for assistance from your Rights Protection Officer.

### **Your Rights 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 upon admission to involuntary services. If you so desire, a copy will be given also to the person of your choice. If a guardian has been appointed for you, or you are under 18 years of age, a copy will be given also to your guardian, parent, or conservator.

You also have the right to have these rights explained to you in terms you can understand within 24 hours of being admitted for services (e.g., in your language if you are not English speaking, in sign language if you are hearing impaired, in Braille if you are visually impaired, or other appropriate method(s)). This same explanation will also be given to your parent, guardian, or conservator.

### **Your Rights To Make A Complaint**

You have the right to make a complaint and to be informed of whom to call for help. You have the right to make a complaint without any form of retaliation.

Your safety is an important concern to our Center, and we encourage you to contact our Safety Officer, Harley Rush, at 409-784-5408 or Rights Protection Officer, Ginny Morgan, if you ever have any concerns regarding your safety, or the safety of any of the

Centers buildings. You may also contact The Joint Commission at 1-800-994-6610 (www.jointcommission.org).

If you believe any of your rights have been violated or you have other questions or concerns about your rights or care, you may contact one or more of the offices on the back of this handbook.

If you believe that you have been abused, neglected or exploited, you may report your complaint by contacting:

**Texas Department of Family and Protective Services**

**P.O. Box 149030  
Austin, Texas 72714-9030  
1-800-252-5400  
1-800-647-7418**

**Texas Department Aging and Disability Services**

**1100 West 49<sup>th</sup> Street  
Austin, Texas 78756  
1-800-228-1570**

If you have been involuntary committed and you believe that your attorney did not represent your case properly or that your attorney failed to represent your point of view to the judge, you may report the attorney's behavior to the Ethics Committee of the State Bar by writing

**Disciplinary Council  
State Bar of Texas  
1414 Colorado  
P.O. Box 12487  
Austin, Texas 78711-2487**

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 mandated agency, which is independent of Health and Human Services, and whose purpose is to protect and speak up for your rights. Information about how to contact Advocacy, Inc. is also listed on the back of this handbook.

**Basic Rights For All Person Receiving MHMR Services**

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 (to ask the judge if it is legal for you to be kept in the hospital), property rights, guardianship rights, family rights, religious freedom, the right to register and vote, the rights 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.
4. You have the right to 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. This is a setting that provides you with the highest likelihood for improvement, one that is not more restrictive of your physical or social liberties than is necessary for the most effective treatment, and that protects against any dangers, which you might pose to yourself or others.
6. You have the right to be free from mistreatment, abuse, neglect, and exploitation.
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 limitation on length of services. As part of the right, you should be given a detailed bill of services upon request, the name of an individual at the facility to contact for any billing questions, and information about billing arrangements and available options if insurance benefits are exhausted or denied. If you are a member of our priority population, you may not be denied services due to an inability to pay for them.
9. You have the right to fair compensation for certain labor performed for the Center in accordance with the Fair Labor Standards Act.
10. You have the right to be informed of all rules and regulations concerning your conduct and course of treatment before you are admitted voluntary or involuntarily.
11. You have the right to review the information contained in your medical record. If your doctor says you shouldn't see part of your medical record, you have the right to have that decision reviewed by another physician. This right extends to your parent or conservator if you are a minor and to your legal guardian if you have been declared by a court to be legally incompetent.
12. You have the right to have your records kept private and to be told about the condition under which information about you can be disclosed without your permission. You should be aware that your records may be shared with employees of the Department of Health and Human Services System (state facilities and community MHMR Center who need to see them in order to provide services to you). Also, unless you make a written objection, your doctor is authorized to give information about you to law enforcement personnel if the doctor thinks that doing so would be in your best interest.
13. You have the right to be informed of the current and future use of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies, or photographs.
14. You have the right to give or to withhold consent to take psychoactive medications unless a court has ordered you to take them when you are in an

inpatient unit or a doctor in an inpatient setting believes there is an emergency in which you or someone else might be harmed due to your behavior. You have the right not to be given medication that you do not need.

15. You have the right to agree to or refuse to take part in research without affecting your regular care.
16. You have the right to agree to or to refuse any of the following, except in certain circumstances which must be explained to you:
  - unusual medications
  - behavior therapy when aversive procedures are used or a right otherwise guaranteed to you is restricted
  - audiovisual equipment
  - other procedures for which your permission is required by law
  - surgical procedures
  - electroconvulsive therapy
  - hazardous assessment procedures
17. You have the right to withdraw your permission at any time in matters to which you have previously consented.
18. You have the right to have an individualized treatment plan. You have the right to take part in the developing that plan, as well as the treatment plan for your care after you leave the Center. This right extends to your parent or conservator if you are a minor, or your legal guardian when applicable. You have the right to request that your parent/conservator or legal guardian take part in the development of the treatment plan. You have the right to request that any person of your choosing, e.g., spouse, friend, relative, etc., take part in the development of the treatment plan. You have the right to expect that your request will be reasonably considered and that you will be informed of the reason for any denial of such a request. Staff must document in your medical record that the parent, guardian, conservator or other person of your choice was contacted to participate.
19. You have the right to be told about your care, procedures, and treatment you will be given: the risks, side effects and benefits of all medications and treatment you will receive, including those that are unusual or experimental, the other treatments that are available, and what may happen if you refuse the treatment.
20. You have the right to refuse any particular treatment without that refusal being used as a reason to deny you access to other services.
21. You have the right to meet with staff responsible for your care and to be told their professional discipline, job title, and responsibilities. In addition, you have the right to know about any proposed changes in the appointment of professional staff responsible for your care.
22. You have the right to request the opinion of another professional treatment provider at your own expense. You have the right to be granted a review of the treatment plan or specific procedure by Center staff.
23. You have the right to be told why you are being transferred to any program within or outside of the Center.

24. You have the right to be free from seclusion or restraint unless ordered by a doctor.

### **Additional Rights Of Persona Admitted To Residential Programs**

The following rights can only be limited on an individual basis by your doctor for reasons of psychiatric necessity or security, and the reason must be written in your medical record, signed, dated by your doctor, and fully explained to you and any person legally authorized to represent your interest. The limit on your rights must be reviewed at least every seven days and if renewed, renewed in writing.

1. You have the right to talk and write to people outside the residential program. You have the right to have visitors in private, make private phone calls, and send and receive sealed and uncensored mail. In no case may your right to contact an attorney or an attorney's right to contact you be limited.
2. You have the right to give or to withhold consent to take medication. You have the right not to be given medication you don't need and the right to not be given too much medication without your consent if:
  - your condition or behavior places you or others in immediate danger; or
  - you have been admitted for treatment by order of a court (temporary or extended commitment) and, in a separate finding, the court has authorized your doctor to give you medication. You have the right to have legal representation at a hearing regarding the authorization of the use of medication.

You have the right to request a review of your medication by another doctor.

3. You have the right not to be secluded (placed in a locked room alone) unless your doctor orders it and writes it in your medical record. In an emergency, it may be necessary to restrain you before a doctor's order can be obtained. In such situations, if the doctor does not agree with the seclusion, you must be released immediately. If you are secluded, you must be told the reason, how long you will be secluded, and what you have to do to be removed from seclusion. The seclusion has to be stopped as soon as possible.
4. You have the right to keep and use your personal possessions, including your right to wear your own clothing and religious or other symbolic items, unless the Center staff feels that certain possessions can be used to harm yourself or others. In such situations your personal possessions will be kept in a locked place and returned to you upon your discharge. You have the right to wear suitable clothing, which is neat, and clean, and well fitting. If you do not have adequate clothing, it will be made available to you.
5. You have the right to opportunities for physical exercise and for going outdoors at least daily. A doctor's order limiting this right must be reviewed and renewed at least every three days. The findings of the review must be written in your medical record and explained to you and, as applicable, to the guardian of your person, your parent, or your conservator.

6. You have the right to exercise religious freedom. However, no one can force you to attend or engage in any religious activities.
7. You have the right to opportunities to meet with persons of the opposite sex, with supervision, as your treatment team considers appropriate for you.
8. You have the right to ask to be moved to another room if another person in your room is disturbing you. The Center staff must pay attention to your request, and must give you an answer and a reason for the answer as soon as possible.
9. You have the right to receive treatment of physical problems, which affect your treatment while you are in a residential program. You also have the right to receive treatment of any physical problem that develops while you are in a residential program. If your doctor believes treatment of your physical problem is not required for your health, safety, or mental condition, you may have the right to seek treatment outside the residential program at your own expense.
10. You have the right to be informed in writing about any prescription medication ordered by your treating physician, including the name of the medication, the conditions under which it may be prescribed, any risks, benefits, and side effect associated with it, and the source of the information provided. This right extends to your parent, guardian, or conservator.
11. You have the right to receive a written list of the medications 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 prescribes it. This right extends to your parent, guardian, or conservator.
12. In no case may your right to receive to contact an attorney or an attorney's right to contact you be limited. You also have the right to have unrestricted visits with the Rights Protection Officer, and with your consent, Advocacy, Inc. representatives, private physicians, and other mental health professionals at reasonable times and places.

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

The following rights can only be limited on an individual basis by your doctor for reasons of psychiatric necessity or security, and the reasons must be written in your medical record

1. You have the right to talk and write to people outside the inpatient program. You have the right to have visitors in private, make private phone calls, and send and receive sealed and uncensored mail. In no case may your right to contact an attorney or an attorney's right to contact you be limited.
2. You have the right to give or to withhold consent to take medication. You have the right not to be given medication you don't need and the right to not be given too much medication without your consent if:
  - your condition or behavior places you or others in immediate danger; or
  - you have been admitted for treatment by order of a court (temporary or extended commitment) and, in a separate finding, the court has authorized your doctor to give you medication. You have the right to have legal

representation at a hearing regarding the authorization of the use of medication.

You have the right to request a review of your medication by another doctor.

3. You have the right not to be mechanically restrained (restriction of movement of parts of the body by device) or secluded (placement in a locked room alone) unless your doctor orders it and writes it in your medical record. In an emergency, it may be necessary to restrict you before a doctor's order can be obtained. In such situations, if the doctor does not agree with the restraint or seclusion, you must be released immediately. If you are restrained or secluded, you must be told the reason, how long you will be restrained or secluded, and what you have to do to be removed from restraint or seclusion. The restraint or seclusion has to be stopped as soon as possible.
4. You have the right to keep and use your personal possessions, including the right to wear your own clothing and religious or other symbolic items, unless Center staff finds that certain possessions could be used to harm yourself or others. In such situations your personal possessions will be kept in a locked place and returned to you upon discharge. You have the right to wear suitable clothing, which is neat, clean and well fitted. If you do not have adequate clothing, it will be made available to you.
5. You have the right to opportunities for physical exercise and for going outdoors at least daily. A doctor's order limiting this right must be reviewed and renewed at least every three days. The findings of the review must be written in your medical record and explained to you and, as applicable, to the guardian of your person, your parent, or your conservator.
6. You have the right to exercise religious freedom. However, no one can force you to attend or engage in any religious activities.
7. You have the right to opportunities to meet with persons of the opposite sex, as your treatment team considers appropriate for you.
8. You have the right to ask to be moved to another room if another person in your room is disturbing you. The Center staff must pay attention to your request, and must give you an answer and a reason for the answer as soon as possible.
9. You have the right to receive treatment of physical problems, which affect your treatment while you are in a residential program. You also have the right to receive treatment of any physical problem that develops while you are in the inpatient program. If your doctor believes treatment of your physical problem is not required for your health, safety, or mental condition, you have the right to seek treatment outside the residential program at your own expense.
10. If you have been admitted to an inpatient program, you have the right to have the Center staff notify your family of someone else of your choosing of your admission if you grant permission.
11. You also have the right, if admitted to an inpatient program; to have the center staff notify your family or someone else of your choosing of your discharge or release if you grant permission.

12. If you are an adult admitted to an inpatient program, you have the right to be given information about your right to make health care decisions and to execute advanced directives as allowed by state laws.
13. You have the right to be informed in writing about any prescription medication ordered by your treating physician, including the name of the medication, the conditions under which it may be prescribed, any risks, benefits, and side effect associated with it, and the source of the information provided. This right extends to your family, so long as you agree to it.
14. You have the right to receive a written list of the medications 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, so long as you agree to it.
15. In no case may your right to receive to contact an attorney or an attorney's right to contact you be limited. You also have the right to have unrestricted visits with the Rights Protection Officer, and with your consent, Advocacy, Inc. representatives, private physicians, and other mental health professionals at reasonable times and places.

### **Additional Rights Of Persons Receiving Voluntary Inpatient Services**

1. You have the right to request your discharge from voluntary admission to the Community Psychiatric Center at any time. You can make this request by putting it in writing or by telling a staff person. If you tell a staff person that you want to request your discharge, the staff person must write it down for you. After receiving your written request for discharge the Center staff must notify the doctor within four hours of your request. If the doctor finds you ready for discharge, you should be discharged without undue delay.
2. If the doctor finds you are not ready for discharge, only two conditions can prevent your discharge within the four hours of your request:

First, if you change your mind and decide to stay, you may sign a paper explaining that you do not want to be discharged, or you may tell a staff person you do not want to be discharged and the staff person, must write it down for you;

Second, 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 inpatient unit 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. The order will only be issued if the judge decides that either:

- 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
3. You have the right not to have an application for court-ordered services filed while you are receiving voluntary services to 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 continues inpatient care without recommended treatment

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

4. The doctor must note in your medical record and tell 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 facility is guilty of a crime punishable by a fine up to \$5000.00 and/or imprisonment in county jail for up to one year.

### **Special Rights For Emergency Detention**

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 period of 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.
3. You have the right to be seen by a doctor as soon as possible, but in no case more than 24 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 restrained; and
  - Emergency detention is the least restrictive means of restraint

If the doctor decides you don't meet all of these criteria, you must be allowed to leave. A decision concerning whether you must stay must be made within 24 hours, excepting weekends and legal holidays, when the detention may be delayed until 4:00 in the afternoon on the first regular workday. The decision 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 don't need to stay, the inpatient program staff 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.

### **Special Right For Orders Of Protective Custody**

1. You have the right to call a lawyer or to have a lawyer appointed to represent you in a probable cause hearing to determine whether you must remain in custody until a hearing on court-ordered services (temporary or extended commitment) is held.
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, except weekends and 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.
4. You have the right to be released from custody if: 72 hours have passed and a hearing has not taken place (except weather, emergencies and extensions for weekends and legal holidays);

- An order for court-ordered mental health services has not been issued within 14 days of the filing of an application (30 days if a delay was granted); or
- Your doctor finds that you no longer need court-ordered mental health services

### **Special Rights Pertaining To Court-Ordered Services**

Under most circumstances, you, or a person who has your permission, may request at any time during your commitment that a doctor re-examine you to determine whether you still meet the criteria for commitment. If you are on a court order for extended mental health services you may ask a judge to order a physician to re-examine you to determine whether you still meet the criteria for commitment. If the judge agrees to review the commitment, a physician must file a certificate of medical examination with the court within ten (10) days of the filing of your request with the court. If the doctor says that you continue to meet the criteria for commitment, or if no certificate of medical examination has been filed within ten days and you have not been discharged, the judge may set a time and a place for a hearing on your request.

If the doctor says that you do not meet the criteria for commitment, you must be discharged.

### **Alcohol and Drug Abuse Programs**

A facility must advise a client, in writing, of the following information about client rights:

The facility is required to respect and protect your rights

1. You have all the rights of any other resident of the State of Texas and the United States of America.
2. You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
3. You have the right to be free from abuse, neglect, and exploitation
4. You have the right to be treated with dignity and respect.
5. You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
6. You have the right to be told about program rules and regulation before you are admitted.
7. You have the right to be told about the treatment you will be given, the risk, side effects, and benefits of all medications and treatment you will receive that are available, and what may happen if you refuse treatment.

8. You have the right to accept or refuse treatment after receiving this explanation.
9. 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.
10. You have the right to meet with staff to review and update the plan on a regular basis, including when leaving treatment.
11. You have the right to know the qualifications of the staff responsible for your treatment.
12. You have the right to refuse to take part in research without affecting your treatment.
13. You have the right to not be given medication that you do not need or too much medication.
14. You have the right not to be held or placed in a locked room unless you are a danger to yourself or others.
15. 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.
16. You have the right to communicate with people outside the treatment facility. This includes the right to have visitors in private, to make private telephone calls, and send and receive sealed mail. This right may be restricted on an individual basis by your doctor or the person in charge of the program if it is necessary for your treatment or for security, but you are always free to contact an attorney, client rights officer or the Commission.
17. You have the right to be told in advance of all the estimated charges and any limitations on the length of services that the facility is aware of.
18. You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
19. Unless otherwise provided by law, you have the right to withdraw your permission for something you agreed to earlier at any time.
20. If you signed yourself in treatment you have the right to leave at any time. An inpatient program may require you stay up to 4 hours if you are likely to cause serious harm to yourself or others.
21. If you are admitted to treatment against your will, you have other rights. The facility must explain these rights to you and give you a written copy of them.
22. You have the right to get a copy of these rights before you are admitted, including the Commissioner's address and telephone number.
23. 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.

24. You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.
25. You have the right to make a complaint directly to the Texas Commission on Alcohol and Drug Abuse at any time. The facility must post the Commission's address, phone number, and help you file a complaint if you need help.

## **Grievance Procedure**

1. A client may voice grievances and recommended changes in policy and services to any facility staff or the Rights Protection Officer and/or to outside representative of his/her choice, including an attorney. A client has the right to grieve at any time directly to the :

**Texas Department of State Health Services  
9001 N. IH 35, Suite 105  
P.O. Box 80529  
Austin, Texas 78708  
1-800-832-9623**

2. In voicing a complaint, the client is free from restraint, interference, coercion, discrimination or reprisals. The facility Director and Executive Director will be responsible for hearing and taking appropriate action on each complaint.
3. The grievance must be acknowledge and documented within twenty-four (24) hours (72 Hours on weekends) after being reported.
4. The client will have access to pens, pencils, paper, envelopes and postage, as well as the telephone when voicing a grievance. Assistance must be given to the client if they are unable to read or write.
5. The Client will have direct access to program level staff, i.e., Program Administrator and Program Director. If the grievance is not resolved at the program level, clients may access the Executive Director. If dissatisfied at the Executive Director level the client may access the Board of Trustees during the Citizens Section of the agenda.
6. Each program site has staff persons (counselors, case managers) to answer question about client rights and to assist client upon request in filing a complaint. You have the right to contact the Spindletop Rights Protection Officer at any time for questions about your client rights and to assist client in filing a complaint.
7. A client may seek remedy for any complaint.
8. A client may grieve to any staff member or the Spindletop MHMR Services Rights Protection Officer (409) 839-2226.

9. All grievances must be documented within (24) hours and investigated within (7) seven working days, a written report will be provided to the client within (60) working days. .

**Spindletop MHMR Service  
Main Number  
(409) 839-1000**

**Spindletop MHMR Services  
Rights Protection Officer  
2750 S. 8<sup>th</sup> Street  
Beaumont, Texas 77701  
(409) 839-2226  
1-800-317-5809**

**Department of State Health Services  
Office of Consumer Services and Rights Protection  
P O Box 12668  
Austin, Texas 78711-2668  
1-800-252-8154**

**Advocacy, Inc.  
7457 Harwin Drive, Suite 100  
Houston, Texas 77036  
1-800-880-0821**

**Texas Department of Family and Protective Services  
P O Box 149030  
Austin, Texas 78714-9030  
1-800-250-5400 or 1-800-647-7418**

**Department of Aging and Disability Services  
110 West 49<sup>th</sup> Street  
Austin, Texas 78756  
Toll Free Consumer Rights and Service Number  
1-800-458-9858**

**If you are hearing impaired and need TDD  
To make a telephone call, you can get help from**

**Relay Texas  
1-800-735-2988 (voice)  
1-800-735-2989 (TDD)**