

BEING INFORMED

CLIENT'S RIGHTS AND RESPONSIBILITIES BROCHURE

(REV. 9/23)

Emergency Services: (401) 235-7120

CORE COMMITMENTS

Community Care Alliance (CCA) is committed to ensuring access to quality mental health, substance abuse, and support services for all residents of Northern Rhode Island. Services will not be denied to individuals who do not have a current permanent address. For clients who live outside of the catchment area, CCA will at a minimum provide crisis response, evaluation, and stabilization services regardless of place of residence. CCA will then refer clients to a Certified Community Behavioral Health Clinic (CCBHC) or other relevant organization within their catchment area for further care. We accomplish this by:

- Providing a comprehensive, community-based and client-responsive network of mental health, substance abuse and support services.
- Assisting affiliated or associated organizations in providing services.
- Advocating for improved public services.
- Developing and maintaining high quality services through client and community evaluation of services.
- Prioritizing least-restrictive services for children and adults with severe or persistent mental health problems.
- Ensuring services for individuals at greater risk due to their social or economic status.
- Helping employees reach their maximum potential as individuals and as providers of mental health, substance abuse and support services.
- Providing multiple sites and accessible facilities.
- Responding to the best of our ability to requests for reasonable accommodations.

Our services are planned and developed with input from "Friends," persons served and the community and are consistent with priorities identified by state and national advocacy and financing organizations.

This pamphlet is provided to you so that you may have all the information you need to receive the maximum benefit of our services. In order to achieve this, it is important for you to understand your rights and responsibilities in the treatment process. You may request a copy of this pamphlet at any time by asking any CCA employee.

INTRODUCTION

Please read through all of the information at least once, and then keep this pamphlet for future reference. Your primary service provider will answer any questions you may have. There are four major sections of this pamphlet:

- Part I. Giving & Receiving Information

- Part II. Service Providers
- Part III. Services
- Part IV. Receiving or Refusing Treatment

As you read through the sections, it may be helpful to mark any items that are not clear to you. Later, ask your caseworker to explain the marked items.

All agency services are accessible to persons with impaired mobility. In addition, our clinical staff can provide services within a client's home setting.

Staff at CCA are aware that some individuals have special communication needs. A concerted effort is made to hire and retain staff who reflect the cultures and languages of residents of the catchment area. When there is no staff person available that is proficient in a particular language, an interpreter will be provided. The agency will also access Sign Language interpreters when needed. Clients need to identify the format by which they need to communicate. CCA will strive to accommodate all reasonable requests (i.e. large print). The agency also utilizes RI Relay to communicate freely with people who use text telephone. In order to ensure all literacy levels are met, staff will assess for understanding of written materials and provide information verbally when needed.

CCA regularly seeks input from clients, employees and the community to identify barriers and improve accessibility. The agency cannot deny services due to language differences, or any disability of persons requesting services. We would ask you to direct any concerns to the agency's Chief Operating Officer/Human Rights Officer by telephone (401) 808-4844 or in writing (Community Care Alliance, P.O. Box 1700, Woonsocket, RI 02895.)

Before you proceed, please note the following special opportunities:

Join Us

Clients are active participants in the development and evaluation of services at CCA.

They serve on the Board of Directors and specific committees that guarantee opportunities for shaping the direction of the agency:

If you are interested in one of these opportunities:

- Office of Client Advocacy
- CCA Friends

or would like more information, please call the Chief Operating Officer/Human Rights Officer at (401) 808-4844.

PART I. RIGHTS & RESPONSIBILITIES REGARDING: GIVING AND RECEIVING INFORMATION

Giving and receiving accurate information is necessary for you to receive the maximum benefit from agency services.

You Have the RIGHT:

- To ask questions at any time.
- To be informed of the hours of operation (varies per building/program).

- To be fully informed of all written or taped records of treatment and their accessibility.
- To review your record. This must be done in the presence of your caseworker. You may also request a copy of selected sections of your record. If you have a legal guardian, he/she may also review your record. (Proof of Guardianship is required.)
- To give or refuse permission for the agency to use aspects of your record for a presentation or for publication.
- To participate or not, in any research project without compromising your right to agency services.
- To initiate a complaint by contacting your caseworker, the caseworker's supervisor or the Program Vice President. (See Part V. Concern and Complaint Resolution Process.)
- To be informed of the cost of services and the source of the agency's reimbursement.
- To be informed of any limits on the length of services allowed.
- To be informed of your rights by a staff member in a language you understand.
- To have your treatment record read only by individuals directly involved in your treatment or by individuals monitoring the quality of services. Other individuals may read your treatment record only with your written permission, except where required by law.
- To confidentiality as specified by law. (Details follow.)

All information that you give the agency staff is treated as being confidential. Before staff may release information or obtain information about you, you must sign a form that documents the specific information you approve to be released. Your authorization is limited to the duration of your services.

However, there are some circumstances required by law when the agency **must** release information from your treatment record. **Information will be released without your authorization in the following circumstances:**

- To law enforcement officers when criminal activity occurs on CCA premises.
- To a court under court order.
- To Child Protective Services or other law enforcement agencies when there is reason to suspect abuse or neglect of a child.
- To law enforcement officers and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person.
- To the Office of Healthy Aging when there is a reason to suspect elder abuse or neglect.

See Notice of Privacy Practices for a more detailed description of how your protected health information may be used without your consent

The fact that you are receiving agency services, as well as any relevant information concerning you may be disclosed to:

- Agency personnel;
- Insurance agencies to validate an insurance claim;
- Hospital or emergency personnel in the event of a medical or psychiatric emergency;

- Law enforcement or public health officials when necessary to carry out their responsibilities, and when a crime has been committed on agency property or against agency staff, clients or visitors.

In the event that you tell us about an alcohol and/or other drug abuse problem, all information about such use is also protected under Federal Regulation 42 CFR Part 2. Under this law, written or verbal information about your alcohol and/or substance abuse issue will remain confidential except under the following circumstances:

- Written permission from you to disclose it;
- Exchange of information between the members of your treatment team;
- When information has no client identifying material;
- When there is a Qualified Service Organization Agreement between the agency and another provider or organization;
- Medical emergency;
- Research/Audit purposes;
- Allegation of a crime on program premises or against program personnel, clients or visitors.
- Mandatory reporting of suspected child or elder abuse and neglect.

If you are a parent or the legal guardian of a minor, it is important that you read this:

If you are under 18, then your parent(s) and/or legal guardian(s) have the right to sign releases and consent forms on your behalf. Your parent(s) and/or legal guardian(s) also have the right to the information in your treatment record, even if you do not wish the information to be provided to your parent(s)/legal guardian(s). The exception to your parent(s)/legal guardian(s) right to information in your treatment record are as follows:

1. A court order specifically prohibits your parent(s)/legal guardian(s) from accessing information in your clinical record.
2. Substance abuse documented in the CCA record. The release of substance abuse documentation (42 CFR) requires the minor's signature and the parent(s)/legal guardian(s) signature on an Authorization for the Release of Confidential Information form before substance abuse documentation may be released.

If you are HIV positive and you elect to disclose that information to CCA for inclusion in your health information record, then that information will also be governed by the terms set forth in RIGL 23-6-17.

In accordance with this law, your CCA prescriber may inform third parties with whom you are in close and continuous contact, including but not limited to your spouse, the nature of the contact, if in your prescriber's opinion such contact possess a clear and present danger of AIDS transmission to the third party. Such notification shall not occur unless the prescriber believes that despite his/her warning, and despite the physician's strong encouragement, you have not/will not warn the third party. Understand that CCA's policy, Informed Consent Relative to HIV, outlines the process for notifying others in these instances.

Other medical personnel, appropriately delegated Officers of the Court and relevant state department officials may also be informed of your HIV status in accordance with RIGL 23-6-17. Should you so request, your clinician can provide you with further information related to RIGL 23-6-17.

You Have the RESPONSIBILITY:

- To provide all accurate information about yourself that is relative to your treatment.
- To inform your family or other significant people about your treatment when that is in your best interest.
- To be informed about your rights, your treatment and other service options.
- To evaluate agency services. Satisfaction survey forms will be available to you and you may also be requested to evaluate specific services or programs.

PART II. RIGHTS & RESPONSIBILITIES REGARDING: SERVICE PROVIDERS

You Have the RIGHT:

- To be fully informed of your provider's qualifications, including training and credentials, years of experience and staff relationship.
- To know about your provider's treatment orientation and area of expertise, if any.
- To know who to contact in the absence of your service provider(s).
- To be informed, whenever it is necessary, to change any of the staff responsible for your care.
- To know the name of your provider's supervisor.
- To know the ethics code to which the provider adheres.
- To seek help, in the event of doubt or concern about the provider's conduct. This help may be obtained from the provider's supervisor or the Ethics Committee of the provider's professional organization. Areas of concern could include personal relationships, funds, substance abuse, etc.
- To request a change of any service provider. To do this, contact your caseworker's supervisor or the Program Vice President who can inform you of the process for such a request. The agency will try to satisfy your request within staffing and program limitations.
- To know that your provider will respect your privacy with regard to social media accounts that you may have (example: Facebook, Instagram, Twitter, etc.). Providers reserve the right to seek out these accounts only in the event of an emergency and/or to check on your safety.

You Have the RESPONSIBILITY:

- To respect the privacy of your provider by limiting the relationship to the treatment plan developed by you and your provider.
- To inform your caseworker or his/her supervisor if you wish to request a change of service provider. While you would not need to discuss all the reasons for your request, it would be helpful if you would point out what you believe the problem is so that measures can be taken to correct it.

PART III. RIGHTS AND RESPONSIBILITIES REGARDING: SERVICES

You Have the RIGHT:

- To be treated with respect and dignity, and to be free of any sexual abuse, exploitation or psychological maltreatment by CCA staff. Should you feel that this right has ever been violated by any member of the staff, you may immediately contact the agency's Human Rights Officer at (401) 808-4844.
- To receive treatment which is nondiscriminatory and sensitive to differences of race, culture, language, sex, age, national origin, disability, creed, socioeconomic status, marital status, sexual orientation and ability to pay for services provided.
- To an individualized treatment plan designed for and with you concerning issues and/or needs.
- To be informed of the care, procedures and treatment that you will receive, as well as the proposed discharge plans.
- To receive assistance to access the necessary resources for treatment.
- To be informed regarding all aspects of your treatment, including expectations, limitations and/or possible risks. This policy extends to all prescribed medications for which you will receive written information.
- To be informed about your treatment evaluation.
- To request a review of your treatment plan.
- To receive emergency treatment.
- To receive assistance in contacting the Mental Health Advocate.

You Have the RESPONSIBILITY:

- To plan treatment goals and tasks with your primary service provider.
- To follow your treatment plan or pursue alternatives with your provider.
- To keep your appointments or call ahead to reschedule when necessary. You may be charged for not giving notice to cancel. Lack of consistent attendance and participation in services will result in your discharge from the program after 30 days of outreach efforts by your clinical team and/or the engagement specialist.
- To pay your fees promptly.
- To accept support from family and friends and include them in your treatment when recommended.
- To speak and act in a respectful manner. Using discriminatory or culturally insensitive language or behaviors is not acceptable. Yelling, verbal threats or physical harm to other clients, staff or property is not acceptable.

PART IV. RIGHTS AND RESPONSIBILITIES REGARDING: RECEIVING OR REFUSING TREATMENT

You Have the RIGHT:

- To receive appropriate care and treatment, employing the least restrictive alternatives available.
- To receive service in a manner that is non-coercive and that protects the person's right to self-determination.
- To be informed of the policies for informed consent.
- To refuse any intervention or treatment strategy, however this may result in the need to review your continued treatment at CCA.
- To be informed of the agency's obligation to seek appropriate legal alternatives to outpatient or residential care when necessary in accordance with the Mental Health Law.

- To have access to the Mental Health Advocate by calling (401) 462-2003.
- To receive emergency treatment.
- To be referred for free legal assistance through Rhode Island Protection and Advocacy System, Inc. (401-832-3150) or Rhode Island Legal Services (401-274-2652).

You Have the RESPONSIBILITY:

- To be informed about your rights, your treatment and other service options.
- To participate fully in your treatment process.
- To care about yourself.

PART V. GRIEVANCE, CONCERNS AND COMPLAINTS RESOLUTION PROCESS

As a current or former recipient of services my family, my legal guardian, my advocate, and/or I have a right at any time to initiate a grievance/complaint if I, my family, my legal guardian, and/or my advocate feels that an agency policy, procedure or action has infringed upon my rights.

I understand I may express a grievance/complaint to any CCA staff member or may enlist the assistance of an advocate to do so and this will not result in retaliation or a barrier to services. I will be offered a copy of the Grievance, Concerns and Complaints Resolution procedure. The staff member providing assistance shall make every attempt to resolve an expressed concern at the team level by speaking to a member of the treatment team, up to and including the Division Vice President or Director. When a concern is not resolved at this level, such concern shall be considered a formal grievance and I will be offered assistance in writing and submitting the complaint to the Human Rights Officer (HRO) and in accessing an advocate, if requested. The grievance/complaint shall be logged by the HRO, and within four (4) business days of making a formal grievance/complaint, I will receive a written and verbal confirmation of the HRO’s receipt of the grievance/complaint.

Within five (5) business days or less of the receipt of the grievance/complaint, the HRO shall make an attempt at early resolution. If the issue is not resolved, the HRO shall investigate the grievance/complaint by gathering the facts and by speaking with the people involved, and/or those with collateral information. The investigation shall be completed with ten (10) business days or less from the date of the HRO’s receipt of the grievance/complaint. If the issue is resolved, a report noting the resolution shall be forwarded to the designated department or staff person.

At any time during this process or if the issue is not resolved, I have the right to contact and/or appeal to the Rhode Island Department of Behavioral Health, Developmental Disabilities & Hospitals (BHDDH) or the Executive Office of Health and Human Services (EOHHS). If the individual exercises this right, assistance shall be offered. The individual shall be reminded of his or her option to choose an advocate and assistance with contacting an advocate shall be offered.

Child Advocate...	401-462-4300
Human Rights Officer: Karen Rathbun	401-808-4844
Mental Health Advocate...	401-462-2003
BHDDH (<i>Department of Behavioral Health, Developmental Disabilities & Hospital</i>)...	401-462-3291
EOHHS... completion of appeal forms can be found at www.eohhs.ri.gov	401-462-5274