



CLIENT RIGHTS & RESPONSIBILITIES

As a client of Family Houston, we respect your right to receive high quality, professional services at an affordable price.

1. ACCESS TO CARE - You have the right to receive services without regard to race, religion, gender, ethnicity, sexual orientation, age or handicap.
2. RESPECT AND DIGNITY - You have a right to be treated with respect while receiving program services, with your dignity and personal values or beliefs recognized and respected at all times.
3. RIGHT TO SERVICE - You have the right to receive adequate and humane services regardless of the source of financial support.
4. FAMILY INVOLVEMENT - Your family has a right to actively participate in your treatment planning, if you so wish.
5. QUALITY STAFF - You have a right to expect an adequate number of competent, qualified, and experienced clinical staff to supervise and implement your treatment plan.
6. RIGHT TO REFUSE TREATMENT - You have the right to refuse treatment and to be advised of the consequences of such a decision.
7. INVOLVEMENT IN TREATMENT - You have the right to actively participate in the development and periodic review of your individualized treatment plan and to know the qualifications of staff providing your treatment.
8. SAFETY - You have the right to a humane and safe environment free from abuse, neglect and exploitation.
9. REVIEW OF PLAN - You have the right to request the opinion of a consultant (at your own expense) or a review by the staff of Family Houston, of your individual treatment plan.
10. EXPLANATION OF RIGHTS - You have the right to receive a complete explanation of your rights in non-technical terms in a language that you understand.
11. PRIVACY - You have the right of privacy. All information about your treatment will be kept confidential within the limits of the law.

NOTICE OF PRIVACY RIGHTS

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

1. Medical information is normally used for the purpose of assessment and treatment planning only.
2. Your records will be disclosed only with your written consent, by court order or to report abuse.
3. You have the right to request restrictions on certain uses and disclosures, to inspect and copy your record, and to amend information that is not correct.
4. You have the right to know with whom your health care information is shared.
5. You have the right to complain under our grievance procedures (outlined below) to the Secretary of the Department of Health and Human Services (US). You may report any safety concerns to the Joint Commission on Accreditation. Contact Jessica Cisneros, Chief Clinical Officer (713-861-4849 ext: 7704) for further information.
6. After receiving this notice, you may be asked to sign an authorization for release of information for billing purposes or coordination of care. You have the right under federal rules to sign or request additional privacy protections and restrictions. You should make your request at the time you are asked to sign an authorization. Family Houston has the right to make treatment conditional upon your providing such consent.



CLIENT RESPONSIBILITIES

You are subject to possible expulsion from Family Houston for violation of the following rules:

- 1) PHYSICAL VIOLENCE - No physical violence, or the threat of physical violence, toward any family member, program client, or Family Houston staff member.
- 2) ABSENCES - No more than two (2) no call/no show consecutive absences for scheduled appointments. Continuous failure to attend session or communicate cancellation can result in a referral out.
- 3) TARDINESS - Arriving late for an appointment is your responsibility, as is the reduced time in session.
- 4) SUBSTANCE USE - No use of alcohol or other mind-altering substances before or during treatment services. You will be required to leave the premises if you smell of alcohol or appear to be impaired for any reason.
- 5) WEAPONS - No weapons are permitted on the premises of Family Houston.
- 6) AGENCY PROPERTY - No destruction of agency property will be allowed.
- 7) CONFIDENTIALITY - No breaking of confidentiality by talking about other program clients outside of the session.
- 8) SMOKING - No smoking in the building.
- 9) DANGER TO SELF- If your counselor assesses that you are a danger to self or others, you will be required to seek psychiatric attention, and allow family involvement, as a condition of continued treatment.

GRIEVANCE PROCEDURE

Should you have a conflict with a staff member, or a complaint about your treatment, you have the right to a grievance procedure as described below:

1. You, or your family, may complain directly to any staff member, Program Manager or Program Director.
2. The immediate supervisor will discuss the complaint with the staff member and the outcome of this meeting will be documented in writing.
3. If you are not satisfied with this outcome, you will be informed of your right to appeal the case to Family Houston' administration. If you wish to do so, your request is to be put in writing and a meeting is to be arranged with the next level of administration. The outcome of this meeting will be documented in writing. As a last resort, you will be permitted to grieve directly to the President of Board of Directors if all other appeals have proved unsatisfactory.
4. You will be informed of the time frames for resolving complaints. Family Houston will acknowledge and document all complaints within 1 business day. Any appeal will proceed as quickly as possible. You will be informed of findings and recommendations within 7 business days. Final disposition of all complaints will occur within 14 business days unless the appeal is taken to the President. Appeals to the President will be considered within 5 business days of receipt of the appeal. You will be informed for the result of the appeal by registered letter to be mailed within 1 business day of the President's decision.
5. If you would like this procedure explained further or in your native language, please ask for assistance. You may have it explained as often as you like.
6. If you have a patient safety concern regarding Family Houston, or any other Joint Commission accredited organization, you may contact the Joint Commission directly:
Email: patientsafetyreport@jointcommission.org
Fax: 630-792-5636
Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181