



CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

The purpose of this Client Bill of Rights and Responsibilities is to help enable clients to act on their own behalf and in partnership with their providers to obtain the best possible medical and mental health care and treatment. As someone newly entering or currently accessing medical and mental health care, treatment, or support services, you have the right to:

A. Respectful Treatment

1. Receive considerate, respectful, professional, confidential, and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and state law.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating your medical or mental health conditions.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care and services.
6. Receive services that are culturally and linguistically appropriate, including having a full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies may apply).
8. Be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
9. An appeals process for discharge, if you receive services under Drug Medi-Cal.

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals. If you receive HIV-related treatment, it will be provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health, or other care services.
4. Request a second opinion.

C. Make Treatment Decisions

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal, and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at our agency for resolving misunderstandings, making complaints, or filing grievances.
9. Receive a response to any complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside our agency to help you resolve problems or grievances, including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

1. Receive a copy of our agency's Notice of Privacy Policies and Procedures. We will ask you to acknowledge receipt of this document.
2. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. Your provider has the right to accept or refuse your request with an explanation.
6. Confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2, if you receive alcohol and drug treatment services.

E. Billing Information and Assistance

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment, and services, as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

F. Patient/Client Responsibilities

In order to help your provider give you and other clients the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand any information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at our agency or inform us promptly if you cannot do so by providing 24 hours' notice of cancellation (you may be discharged from the clinic after two or more broken appointments or multiple cancellations without required notice).
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.
7. Follow our agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. Refrain from the use of profanity or abusive or hostile language; threats, violence or intimidation; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment; and misconduct.
10. Maintain the confidentiality of everyone else receiving care or services at our agency by never mentioning to anyone who you see here or casually speaking to other clients not already known to you if you see them elsewhere.
11. Provide prompt payment for services rendered.

My signature below is an acknowledgement that I have read and understand my rights and responsibilities as a client of the Health Services Department of the Los Angeles LGBT Center.

Signature: _____

Date: _____