



Health Services 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.
2. Receive equal and unbiased care in accordance with federal and state law.
3. Receive information about the qualifications and experience of your providers.
4. Be informed of the names and contact information of physicians, nurses and other staff involved in your care.
5. Receive safe accommodations for protection of personal property while receiving care and services.
6. Receive services and information in your own language and in a way that respects your culture or background.
7. Be free from verbal, emotional, and/or physical abuse and/or inappropriate sexual behavior or harassment.
8. 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 who follow standards of care, based on published evidence and available guidelines as well as federal, state, and contractual requirements.
2. Have access to appropriate care and/or referrals to other medical, mental health, or other care services.
3. Have access to 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, and possible outcomes (including common side effects, complications, and risks).
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 additional care and support services, including but not limited to clinical research studies.
6. Refuse any offered services or end participation in any program without bias or impact on your care.
7. Be informed of the procedures at our agency for resolving misunderstandings, making complaints, or filing grievances.
8. Receive a response to any complaint or grievance within 30 days of filing it.
9. 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. Look at your medical records and receive copies of them (reasonable agency policies may apply).

CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

Name:

PF#:



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4. Authorize or withdraw requests for personal access to your designated health records for anyone other than you.
5. Question information in your designated health record 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. Approve or prevent the use or disclosure information about your participation in the Center’s “addiction recovery services” program, as described in Title 42, Code of Federal Regulations, Part 2.

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 following responsibilities. Violations of these responsibilities may cause Health Services to stop providing services to you.

1. Participate in your care, treatment, and service planning to the extent that you are able.
2. Provide, to the best of your knowledge, accurate and complete information about your current and past health conditions, medications, treatment and services, including those from other healthcare providers, since all of these may affect your care.
3. Promptly communicate changes or new developments with your care or service providers, insurance coverage, address or contact information, billing information, and any other information needed to manage your services.
4. Communicate to your provider whenever you do not understand any information you are given.
5. Follow the treatment plan you have agreed to and/or accept the consequences of failing the recommended course of treatment or of using other treatments.
6. 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 services after two or more broken appointments or multiple cancellations without required notice).
7. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.
8. Treat Center staff, clients, patients, visitors, and providers referred to for services with dignity and respect, regardless of their race, color, place of origin, gender, sexual orientation, age, or ability status.
9. To accept care from qualified staff members and providers referred to for services without regard to their race, color, place of origin, gender, sexual orientation, age, or ability status.
10. While accessing services and/or communicating with staff or other persons in the Center or with providers referred to for services, refrain from use of profanity, abusive, or hostile language; threats, violence or intimidation; carrying weapons of any sort; theft or vandalism; intoxication; harassment; sexual harassment; and other forms of misconduct.
11. Maintain the confidentiality of everyone receiving or providing care or services at our agency by never recording services (audio or video), never mentioning to anyone about who you see here, and never approaching other clients outside of the Center if you do not already have a personal relationship with them.
12. 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: _____

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PF#: