



## Family and Medical Counseling Service, Inc. Client's Rights and Responsibilities Statement

### CLIENT'S BILL OF RIGHTS

- You have a right to know about your benefits and services.
- You have a right to a choice of providers.
- You have a right to expect that your clinical records and information be kept confidential, as described in the Notice of Privacy Practices.
- You have a right to approve or deny the release of medical or personal information except when it is permitted by law.
- You have a right to confidentiality and privacy when receiving services.
- You have a right to participate in the development of your treatment plan and setting of treatment goals.
- You have a right to talk to your providers about the types of care you can choose to meet your treatment needs.
- You have a right to express your beliefs, values and preferences to be considered in the treatment planning process.
- You have a right to voice complaints if you are dissatisfied with services at FMCS and file a grievance if you believe that your rights have been violated, or if you are dissatisfied with the services or supports being provided without fear of intimidation or retaliation.
- You have a right to receive materials and/or assistance in alternate languages and formats if necessary.
- You have a right to access your medical records in accordance with applicable Federal and District of Columbia laws and regulations.
- You have a right to refuse treatment and/or medication.
- You have a right to be informed, in advance, of changes for services.
- You have a right to a copy of your treatment plan.
- You have a right to a copy of FMCS's Notice of Privacy Practices and a revised copy whenever changes are made.

As a client receiving services at Family and Medical Counseling Service, Inc. (FMCS) you have basic rights and expectations that include:

**CONSIDERATE AND RESPECTFUL CARE.** The right to receive considerate, dignified and respectful care and treatment regardless of your physical or psychological condition by all staff and/or volunteers at this provider. This treatment or service should be provided in the least restrictive setting appropriate for your needs.

**TO BE INFORMED.** The right to be informed of proposed services, the risks and benefits of treatments, therapies, and other available alternatives prior to signing consent to treatment. The right to be informed of what services FMCS offers, other services available to you, the method for obtaining these services, and the reasons why a requested service is not being provided.

**A REASONABLE RESPONSE.** A response by this provider in a reasonable and timely manner to your request(s) for services from FMCS.

**NONDISCRIMINATION.** The right to appropriate treatment and/or services without regard to race/ethnicity, sex, color, religion, creed, gender, gender identity, sexual orientation, real or perceived disability, age, or any other legally protected classification.

**REFUSAL/TERMINATION OF SERVICES.** The right to refuse to participate in any services or programs provided by FMCS or to terminate your participation without the fear of having desired services withheld or discontinued.

**CONFIDENTIALITY/RELEASE OF INFORMATION.** The right to expect that FMCS will maintain the confidentiality of records and information pertaining to the services received, except as otherwise provided by Federal and District law. The Notice of Privacy Practices describes in detail when your health information can and cannot be used and disclosed without written consent or authorization. You are entitled to a copy of this Notice whenever changes are made.

**RESEARCH.** The right to refuse to participate in any research studies the agency may undertake without reprisal or to be informed of any research studies in which the client elects to participate.

**ACCESSIBILITY TO RECORD.** To protect client confidentiality, a written request from the client or personal representative is necessary for you to review your records. You have the right to review your records and request correction of information you feel is inaccurate although, FMCS is not required to agree with your request. There are some instances in which access to information may be denied, as indicated in our Notice of Privacy Practice, which include access to psychotherapy notes, confidential information related to certain laboratory tests under CLIA, and information that FMCS has determined is reasonably likely to endanger the life or physical safety of or cause substantial harm to you or another person.

**LIMITATION OF CLIENT'S RIGHTS.** Under certain circumstances, a client's rights and privileges may be subjected to limitations on an individual basis after an administrative review. Clinical justification of such limitations shall be documented in the client's record. Any limitation of a client's rights and privileges shall be re-evaluated at each treatment plan update or as often as clinically necessary. The limitation of a client's rights and privileges shall be terminated and all rights and privileges shall be restored as soon as clinically feasible.

**GRIEVANCES.** The right to be informed of the grievance process that has been established by FMCS if you feel your privacy has been violated, you have been treated unfairly or you have received a substandard quality of service. If you wish to file a grievance, the procedures for doing so are described below. If you file a grievance there will be no retaliation by FMCS in the form of access to services, quality of service or any other acts to prevent, discourage, or punish you for filing a grievance.

**Internal Grievance Process:** If you have a grievance, it should first be discussed with the staff member providing service to you. If the issue is not resolved to your satisfaction, you should request a meeting with the staff member's supervisor. The supervisor must address the issue with you immediately if possible, or within 24 hours if he/she is not immediately available. If you feel your issue is urgent enough to require immediate attention and the supervisor is not available, you may request an audience with another member of the management team who is available, such as the Chief Operations Officer. If you still feel your issue has not been satisfactorily resolved, you may request a meeting with the Chief Executive Officer, who will make the final internal determination regarding your grievance.

All grievances will be documented and every effort will be made to reach a satisfactory resolution. You have a right to express your grievances at FMCS without fear of reprisals, sanctions, or reduction in quality or availability of services for which you are eligible. In the interest of providing quality services that satisfactorily meet the needs of clients in a humane and caring environment, we encourage clients to openly address issues of concern without fear of reprisals.

**External Grievance Process:** If you have completed the internal grievance process and do not agree with the outcome or determination of that process, you have the right to file a grievance with the Department of Health and/or the Department of Mental Health or the Secretary of the Department of Health and Human Services. This provider will provide you with contact information and other information needed to file an external grievance.

## CLIENT'S RESPONSIBILITIES

### The Client Agrees to:

1. Treat all staff, volunteers, clients and others at the clinic with respect and consideration.
2. Provide accurate and complete medical, social and financial information and notify the case manager of any changes in a timely manner.
3. Keep appointments or call to cancel or reschedule if unable to keep the appointment.
4. Notify the case manager as soon as information is received concerning the client's status of (approval, denial, need to apply for recertification) or changes regarding Medicaid, ADAP, TANF, SSI or other entitlement programs for which the patient has applied.
5. Keep in contact with the case manager on a regular basis.
6. Should the case manager make a home visit, the client will make an effort to ensure the reasonable safety of the case manager during the visit.
7. Notify case manager of other service providers from which he/she receives services.
8. Bring identification cards (Medicaid, Medicare, Other insurance) for each visit.

### The Client Agrees:

1. **Not to** be under the influence of intoxicating substances during any visit to service provider.
2. **Not to** bring illegal substances or weapons to FMCS or agency-related functions.

**HUMAN RIGHTS ACKNOWLEDGEMENT: I HAVE RECEIVED A WRITTEN COPY OF THIS CLIENT'S RIGHTS FORM, WHICH INCLUDES THIS PROVIDER'S STATEMENT OF ITS GRIEVANCE PROCESS, AND AM ENTITLED TO A COPY OF MY CASE PLAN, A COPY OF THE NOTICE OF PRIVACY PRACTICES, AND INFORMATION ABOUT THE CASE MANAGEMENT SYSTEM. (You also have the right to receive duplicate copies of these documents if the initial copies are misplaced).**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Client/Parent/Guardian/Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature/Title

\_\_\_\_\_  
Date

☐ Refused to sign. Reason given: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature/Title

\_\_\_\_\_  
Date