

CLIENT RIGHTS

Rev. 11-20

You will not be denied reasonable access to services or treatment at Lake County Health Department and Community Health Center (LCHDCHC), Behavioral Health on the basis of:

Age, marital status, criminal record, race, gender, gender identity, religion, ethnic origin, national origin, disability, HIV status, or sexual orientation.

LCHDCHC ensures that your rights are protected in accordance with

- Chapter 2 of the Mental Health and Developmental Disabilities Code (405 ILCS 5);
- Section 504 of the Rehabilitation Act of 1973 (29 USC 74) the Human Rights Act (775 ILCS 5), and the Americans With Disabilities Act of 1990 (ADA) (42 USC 12101), as amended, Illinois Accessibility Code (71 Ill. Adm. Code 400) and ADA Accessibility Guidelines

The following are your rights as a client:

1. To receive adequate and humane services or treatment in the least restrictive setting possible. This means that if another level of care or type of treatment may be more suitable for you, the staff will discuss this with you and make an appropriate referral.
2. To personal dignity.
3. To nondiscriminatory access to services and reasonable modifications for the provision of services.
4. To receive communication and information regarding your rights in a language you can understand, as well as the availability of staff that can communicate with the hearing or visually impaired. To have adequate information about staff responsible for your care. If you are disoriented or have difficulty understanding your rights at the time of admission, you will be informed of your rights at an appropriate time during your care.
5. To reasonable safety and quality care, free from abuse, neglect and exploitation.
6. To care that is considerate, and respects your personal values, belief systems and cultural values.
7. To be informed of rules and regulations concerning your conduct.
8. To receive complete and accurate information necessary to give or withhold informed consents regarding any procedures or treatments, and to participate in decisions regarding your care including potential problems related to recovery or reunification to families.
9. To have the program inform and fully explain restrictions or special treatment procedures which will be documented in your client record and a plan will be developed with measureable objectives for restoring your rights. You have the right to get a copy of the plan to remove restriction of rights.
10. To be referred to other providers of behavioral health services, as well as to have the right to request second opinions from a qualified consultant at your expense.
11. To receive information about (and, in 24-hour programs access to) pastoral care, religious consultation and education.
12. To participate and understand the treatment plan proposed including any risks, benefits or alternatives to the service goals, objectives and interventions, medications or procedures. A family member may be designated to participate in the forming and review of the treatment plan and decisions about your care.
13. To have disabilities accommodated as required by the Americans With Disabilities Act and section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5]
13. To refuse or terminate treatment, any specific treatment procedure or medication, and to be informed of the risks and consequences resulting from such refusal.
14. Your Rights Regarding Your Medical Information are:
 - Right to inspect and copy your records.
 - Right to amend by completing a "Request to Amend Medical Information" form.
 - Right to an Accounting of Disclosures.
 - Right to request restrictions or limitations: You have the right to request a restriction or limitation on the medical information we use or disclose. This request must be in writing. We are not required to agree to your request. If we do agree, we will comply with your request.
 - Right to request communications by alternative method.
 - Right to a paper copy of the LCHD/CHC Notice of Privacy Practices.
15. To personal privacy, except in circumstances and conditions specified in our housing and residential programs. This right includes sending and receiving mail, private telephone conversations and visitation. It also includes the right to meet with an attorney representing you.

16. To continuity of care, including consultation and referrals when appropriate. You will not be discharged or transferred except for medical reasons, your personal welfare, or the welfare of others. Should your transfer become necessary, you will be given reasonable notice, unless an emergency arises.
17. To be fully informed of all services available to you, any charges for those services, and your eligibility for a sliding fee.
18. To refuse participation in any research project that is conducted, without fear of your refusal interfering with your treatment or care.
19. To expect your treatment here will be kept confidential as outlined in the Mental Health and Developmental Disabilities Confidentiality Act and the Health Insurance Portability and Accountability Act of 1996, and in the federal law governing the confidentiality of drug and alcohol abuse patient records (42 CFR).
 - A. The exceptions to confidentiality are specified by law and include the following situations:
 - i. when there is a clear and present danger to self or others, i.e., when you are homicidal, suicidal, in an emergency medical situation, or unable to care for your basic needs;
 - ii. when there is a report of child or elder abuse, records and communications will be disclosed under the provisions of the Abused and Neglected Child Reporting Act, and Elder Abuse Reporting Act;
 - iii. when there is a court order in a civil, criminal, administrative or legislative proceeding that meets the disclosure provisions in the Mental Health and Developmental Disabilities Act or the federal law and regulations governing the confidentiality of drug and alcohol abuse patient records;
 - iv. when a crime is committed either at the program, or against any person who works for the program, or any threat to commit such a crime;
 - v. when there is a need for clinical reviews or case consultations with a supervisor, team staffings or agency audits.
 - B. The confidentiality of the following information is protected by the AIDS Confidentiality Act (Ill. Adm. Code 410 ILCS 305 2015):
 - i. HIV/AIDS status;
 - ii. Testing for HIV and/or the result of an HIV test whether positive, negative or inconclusive;
 - iii. Participation in test decision counseling and/or post test counseling.

HIV testing cannot be required as a condition of treatment. You cannot be required to sign an authorization for release of information concerning your HIV or AIDS status as a condition of treatment. You are not required to tell program staff, the program director, or anyone else whether you have been tested for HIV, or the results of any such testing. If you wish to be tested for HIV you may receive anonymous testing at the Lake County Health Department, 2400 Belvidere Road, Waukegan, IL 60085, (377-8450) while in treatment. No information may be released to anyone without a legally effective release signed by you.
20. To a multidisciplinary committee review for resolution of treatment dilemmas or conflicting opinions or grievances by yourself or your guardian and be informed on how the grievance will be handled at the provider level.
21. To have such grievances considered in a fair, timely and impartial procedure, without infringement of your rights. You have the right to appeal adverse decisions as follows:
 - a. with the primary counselor
 - b. with the clinical coordinator/supervisor
 - c. with the program coordinator
 - d. with the Behavior Health Director
 - e. with the Executive Director
22. To participate in consideration of ethical issues that may arise in the provision of care, including any advanced directives.
23. To apply for voter registration for State and Federal elections during application for services in accordance with the National Voter Registration Act of 1993.
24. Not to be denied, suspended or terminated from service, or have services reduced for exercising any of your rights.
25. To appropriate assessment and referral for management of pain.
26. For residential programs, to possess, use and store a reasonable amount of personal property and money, except when necessary to protect from harm.
27. To be informed prior to evaluation services and annually of your client rights.
28. To contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances.
29. To contact Health and Family Services (HFS) or its designee and to be informed by HFS or its designee of your healthcare benefit and the process for revising grievances.

You also have the right to contact the Department of Human Services or any of the other agencies listed on the following page, if you fail to arrive at a satisfactory resolution in regard to any of the above-stated rights

Lake County Health Department
and Community Health Center
Behavioral Health Services

SERVICE AGENCIES

(C)(H) Rev. 11-20

ORGANIZATION	ADDRESS	PHONE	WEB SITE
DEPARTMENT OF HUMAN SERVICES	401 South Clinton Street Chicago, IL 60607	1-800-843-6154	http://www.dhs.state.il.us/page.aspx
GUARDIANSHIP & ADVOCACY COMMISSION NORTH SUBURBAN REGIONAL OFFICE	9511 Harrison Ave., W- 335 Des Plaines, IL 60016-1565	847-294-4264	http://gac.state.il.us/osq/
SUBSTANCE USE, PREVENTION AND RECOVERY (SUPR)	401 S. Clinton Chicago, IL. 60607	312-814-3840	http://www.dhs.state.il.us/page.aspx?item=29725
ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES	500 N. Green Bay Rd. Waukegan, IL 60085	Advocacy# 1800-232-3798 Local Office# 847-249-7800-	https://www2illinois.gov/dcfs
ILLINOIS DHS DIVISION OF DEVELOPMENTAL DISABILITIES	Iles Park Complex 600 East Ash, Building 400, Mail Stop 1 South Springfield, IL 62703	217-782-3075	https://www.dhs.state.il.us/page.aspx?item=29761
ILLINOIS OFFICE OF INSPECTOR GENERAL		1-800-368-1463	https://www.illinois.gov/hfs/oig/Pages/Welcome.aspx
ILLINOIS DIVISION OF MENTAL HEALTH BUREAU OF ACCREDITATION, LICENSURE AND CERTIFICATION	401 South Clinton, 7 th Floor Chicago, IL 60607	312-814-4318	http://www.dhs.state.il.us/page.aspx?item=31698
<p>Complaint Process For All The Above Agencies: Complaints can be made to the Office of Executive Inspector General for the Agencies of the Illinois Governor. The complaint must relate to the official conduct of a State employee of a State agency, board, commission, State public university or Illinois community college district under the jurisdiction of the OIG or a person or entity (such as a vendor of the State) doing business with an employee or State agency under the jurisdiction of the OIG. Anyone who files a complaint should have reasonable belief that the allegation being reported is true. Sufficient detail must be provided concerning the allegation for an investigation to be initiated. Complaints may be filed either orally or preferably in writing. Forms for this purpose are available at the OIG website. To report a violation you may 1) call 866-814-1113, 2) contact the Office via teletype at 800-524-8794 (TTY), 3) fax a completed Complaint Form to 312-814-5478, 4) visit the OIG's Springfield or Chicago office to fill out a Complaint Form or 5) send a completed Complaint Form to Office of Executive Inspector General for the Agencies of the Illinois Governor, Attention: Complaint Division, 32 West Randolph, Suite 1900, Chicago, IL 60601</p>			
EQUIP FOR EQUALITY	20 N. Michigan Ave., Ste. 300 Chicago, IL 60602	312-341-0022	http://www.equipforequality.org/
<p>Complaint Process: Complaints should be made to the Director of Legal Advocacy within 15 working days of the issue. Your complaint should include the following: a) your name; b) your address; c) your telephone number (or TTY number); and d) an explanation of your grievance. The related Program Director will review the complaint. The Program Director will provide you with a written decision within 15 working days of receipt of your complaint. At the discretion of the Program Director an expedited process may be used in which the grievance goes directly to the Board for a decision. If you are not satisfied with the decision of the Program Director, you have 15 working days from receipt of this decision to make a written or oral request that is recorded for review by the Chairman of the Board for this review process. The Board Member will review the matter and notify you within 15 working days of the decision. This is the organization's final decision. All grievances should be sent to the following: Equip for Equality, Attn: Director of Legal Advocacy 20 N. Michigan Ave., Ste. 300, Chicago, IL 60602</p>			
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS	1 Renaissance Blvd. Oakbrook Terrace, IL 60181	630-792-5800	http://www.jointcommission.org/
<p>Complaint Process: The Joint Commission's response to a complaint begins with a review of past complaints about the organization, if any, and the organization's accreditation survey report. Depending on the nature of the complaint, the Joint Commission will take one or more several different actions. After the Joint Commission completes its review of a complaint, we inform the complainant of the actions we have taken if contact information has been provided. You may submit a complaint via email at complaint@jointcommission.org or via fax to the Office of Quality Monitoring at 630-792-5636 or via mail at the address provided. If you have questions about the complaint process you may call 800-994-6610</p>			

Lake County Health Department
and Community Health Center
Behavioral Health Services

Client Rights Acknowledgement

I, _____ date of birth: _____, verify that my rights have been explained to me in a language and method that I understood and I was given the opportunity to ask questions. I was given a copy of the Client Rights form version dated November 2020.

Client Signature

Date

Parent / Guardian Signature

Date

Witness

Date