

# ***HIPAA POLICY***

## ***Client's Rights and Responsibilities:***

- Receive Information.**
- Dignity and Privacy.** Each Member is guaranteed the right to be treated with respect and with due consideration for his or her dignity and privacy.
- Receive information on available treatment options.** Each Client is guaranteed the right to receive information on medically necessary available treatment options and alternatives, presented in a manner appropriate to the Client's condition and ability to understand.
- Participate in decisions.** Each Client is guaranteed the right to participate in decisions regarding his or her health care, including the right to refuse treatment.
- Free from restraint or seclusion.** Each Client is guaranteed the right to be free of any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Copy of medical records.** Each Client is guaranteed the right to request and receive a copy of his or her medical records, and to request they be amended or corrected as specified in 45 CFR part 164.
- Free exercise of rights.** Each Client is free to exercise his or her rights, and that the exercise of those rights do not adversely affect the way the Client is treated by the provider.
- Freedom to Change Provider.** \_\_\_\_\_ shall not impose any limitation on the Client's freedom to change mental health providers.

### **Clients have the additional rights and responsibilities:**

- To choose his/her provider
- To ask for a therapist who understands his/her language and culture
- To receive needed services at convenient times and places
- To obtain access to services within the specified access standards
- To treat others with consideration and respect
- To be at appointments on time
- To call if he/she must cancel
- To be part of the treatment team by telling your doctor or therapist about symptoms and to ask questions
- To tell the doctor or therapist if you do not agree with recommendations
- To tell the doctor or therapist when/if you want to end treatment
- To take medication as prescribed and to tell the doctor if there is a problem
- To carry his/her insurance cards
- To tell the Provider if they have other insurance
- To follow plans and instructions for care that they have agreed on with providers

Your therapist may use a cell phone. Please utilize email for complete confidentiality.

### **Second Opinions**

Another important right Clients need to know about is the right to request a **second opinion**. Clients can request a second opinion from a licensed mental health professional.

### **Compliance with the Americans with Disabilities Act**

Providers have a responsibility to remove "non-physical" barriers to service and will make available at the request of its clients the following:

- Assisted listening devices
- Large print/Braille forms
- Sign language services
- Telecommunications devices for the deaf

Section 504 of the Rehabilitation Act of 1973 and Title II and III of the Americans with Disabilities Act of 1990 (ADA) set forth requirements for Providers in serving persons who are deaf and hard of hearing or have other disabilities. This manual strives to alert Providers to their responsibilities.

**Providers should consult their legal counsel with questions or concerns.**

A person with a disability cannot be denied or excluded from services or treated differently. Auxiliary aids and services must be available at no additional cost to ensure effective communication. Section 504 at 45 CFR Part 84 of the Rehabilitation Act of 1973 prohibits against discrimination applying to service availability, accessibility, delivery, employment and the administrative activities and responsibilities of organizations receiving Federal financial assistance. Relative to Health Care and Human Services settings, a recipient of Federal financial assistance may not, on the basis of disability:

- Deny qualified individuals the opportunity to participate in or benefit from federally funded programs, services, or other benefits.
- Deny access to programs, services, benefits or opportunities to participate as a result of physical barriers.

The ADA states that Public Entities must:

- Provide services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
- Make reasonable modifications in their policies, practices and procedures to avoid discrimination on the basis of disability, unless they can demonstrate that a modification would fundamentally alter the nature of their service, program or activity.
- Ensure that individuals with disabilities are not excluded from services, programs and activities because buildings are inaccessible
- Provide auxiliary aids to individuals with disabilities, at no additional cost, where necessary to ensure effective communication with individuals with hearing, vision or speech impairments. Auxiliary aids include but are not limited to qualified interpreters, assistive listening headsets, television captioning and decoders, telecommunications devices for the deaf (TDDs), videotext displays, readers, taped texts, brailled materials and large print materials.

**The material presented above in section 2 comes from the OCR Fact Sheet U.S. Department of Health and Human Services Office for Civil Rights Washington DC 20201. Copies can be obtained by calling: 1-800-368-1019 (voice); 1-800-537-7697 (TDD); or e-mail ocr@os.dhhs.gov**

It is the policy of \_\_\_\_\_, to provide treatment services to all person without regard to race, color, national origin, religion, sex, age, or disability. No person shall be excluded from participation in, or be denied the benefits of any service, or be subject to discrimination because of race, color, national origin, religion, sex, age, or disability.

**Complaint Procedures**

In the event that you believe that you have been denied services because of your ace, color, national origin, religion, sex, age, or disability, you may file your complaint verbally or in writing. If you should choose to file your complaint in writing, please include your name, address, telephone number and a brief description of what occurred which led you to believe that you were discriminated against. Your complaint will be addressed within ten (10) working days to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You will not be intimidated, harassed, threatened, or suffer any penalty because you file a complaint. Any penalty or reprisal against you or any other involved person(s) is prohibited by law.

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date