

## **REGION II HUMAN SERVICES**

## **CLIENT ORIENTATION RIGHTS AND RESPONSIBILITIES**

Effective Date: June 23, 2011

Approval Date: June 23, 2011

Approved by: Region II Human Services Governing Board

It is the policy of Region II Human Services that all clients will be given the following form and that all staff will adhere to the procedures contained herein.

### **REGION II HUMAN SERVICES CLIENT ORIENTATION RIGHTS AND RESPONSIBILITIES**

#### **GENERAL INFORMATION:**

Welcome to Region II Human Services. We want to provide you with the best care available. To ensure this, you are entitled to receive information about your rights as a client. These rights, as well as your responsibilities are outlined below.

When you begin services, you are asked to complete some admission forms, which will be used to initiate your care. Our services are operated in conjunction with state-supported Community Mental Health Services and Substance Abuse Services. Certain statistical information from your record will be filed with the State or the state's managed care contractor. The information is confidential.

Our staff will also be gathering historical information from you, which they will utilize along with information regarding your current problem to establish care goals with you. Our staff has/or will discuss with you the fees for the services you will receive and make arrangements with you for payment.

#### **YOUR RIGHTS AS A CLIENT**

You have certain important rights guaranteed to you as a client of Region II Human Services. You are entitled to all legal and civil rights granted by Federal and State Constitutions and laws. We want you and/or your guardian to know, understand and exercise these rights. You have the right to:

##### **Equal Treatment**

- To be treated without regard to race, spiritual beliefs, gender, age, marital status, ethnic origin, sexual preference or orientation, personal or social beliefs, financial status, or disability. This includes access to translated materials, staff or interpreters that can assist if English is not your first language.
- To be provided treatment and services in an environment free of physical, sexual, or psychological abuse, neglect, financial exploitation, and any other human rights violation.

- To be protected from coercion.

### **Treatment with Dignity**

- To be treated with consideration and respect for personal dignity, autonomy, and privacy.
- To receive prompt and professional services
- To have reasonable accommodations for disabilities
- To receive safe and considerate services with treatment provided in the least restrictive manner possible.
- To exercise your rights without fear of adverse consequences or retaliation

### **Confidentiality and Privacy**

- To expect confidentiality in all matters pertaining to you.
- To expect staff to abide by our confidentiality and privacy regulations and to receive a copy of the Region II Human services Privacy Practices.
- To provide or refuse to provide authorization for participation in your treatment and for the release of confidential information to family or others.
- To access your medical records in compliance with applicable state and federal laws.
- To have the entire staff keep your identity, diagnosis, prognosis and treatment confidential.
- If appropriate, we will give you education on advance directives

### **Service by qualified Staff and Participation in Care**

- To have qualified, competent staff supervise and provide services.
- To know the credentials and training of staff
- To participate in the creation and ongoing participation of your treatment team.
- To participate in the creation of a plan of care, discharge planning, and review of services provided.

You can expect a thorough assessment of your strengths, needs, abilities, and preferences. The purpose of the assessment is to help us design the best care plan and it will be done per program guidelines. Your key staff person can explain the details with you. You can expect a personalized treatment/transition/discharge plan that will be developed with your participation and reviewed with you periodically. The person who develops this plan with you is the person responsible for coordinating your care. From your staff person, therapist, or physician, you may receive information about your condition, your treatment and alternative treatment procedures that are available. Your communication with the Staff through personal visitation, sealed mail and private phone conversation will be treated as Protected Health Information. Exception: In instances of committed persons, access may be limited by district judge as provided by law. You may refuse care, specific care procedures or specific medication prescriptions. In such a situation, staff then has the right to discharge you or arrange (with your consent) for referral to another agency or physician. The Board of Mental Health will be notified if a client who is committed refuses care.

- Initially, you will be part of an assessment process designed to help us create a plan of care that will best meet your needs. The plan that is developed with your participation will be based on your needs, strengths, abilities and preferences. You will be given a copy of it if you would like to have one. Transition and discharge will be discussed with you during the course of your care with us. We will do our best to determine, together with you, the level of care that meets your needs.

### **Compliments, Complaints, Grievances**

- To let us know when things are going well.
- To call the regional office or the Director of your program and let us know what isn't going well. 308-534-0440
- To file a formal written grievance as outlined below. Grievances include but are not limited to abuse, discrimination, sexual harassment, actions that humiliate, threaten or exploit you.

### **Procedure for processing a formal grievance:**

Any grievance by a client and/or a client's relative or friend must be made in writing and submitted to the Regional Office, Box 1208, North Platte, NE 69103, within seven days of the precipitating incident. If you want an advocate to help you, you may choose a friend or family member. If you would like a list of advocacy agencies, call 308-534-0440.

The Regional Administrator will review the charges and the explanatory material and answer the grievance within three working days. The answer will be sent to the person filing the grievance and a copy will be sent to the counselor or other employee against whom the grievance has been lodged.

If the problem is still not resolved, you may call the State Ombudsman's office and ask them to investigate.  
800-742-7590.

### **Loss of Rights**

You waive your right to be served by Region II Human Services if you act in a threatening manner, if you possess a firearm, or are repeatedly verbally abusive. If you behave in these ways you will be refused services until you request re-admittance in writing. A team will review the request and make a recommendation that will be communicated to you by a member of the team. You will be informed of all your options.

### **Safety and Wellness**

The safety and wellness of the people we serve are our primary concern. Whenever possible, behavior management strategies are developed in cooperation and collaboration with the persons served, with the goal of

empowering the person served to manage their own behavior. This shall include the completion of a Personal Safety Plan for each person served on an individual basis, when indicated.

An emphasis is placed on building positive relationships with the persons served, early recognition of signs of escalation, as well as skills to promote de-escalation. Behavior Management shall in no way involve physical intervention. Physical Holds will not be used. Seclusion and/or restraint shall not be applied in any instance in any program administered by Region II Human Services. If the threat of physical aggression is apparent or, in the event a person served displays physical aggression, law enforcement will be contacted immediately via a 911 phone call.

There are several policies that we want to be sure you know about. We do not use seclusion or restraint. The use of tobacco products is prohibited in all interior space and all outside property or grounds, including parking areas and vehicles. Outdoor environments at the Day Rehab facilities in North Platte and McCook each have a designated outdoor location where the use of tobacco products is allowed for the consumers use only. Weapons are not to be in any of our facilities. If you bring a weapon here you will be asked to leave. The police will be called if there is any difficulty. Illicit drugs are not permitted and we will call the police if you bring them to our facility. Licit drugs must have a physician's order and the physician must state that you are able to self medicate. We do not restrict your right to participate in any of our programs unless your behavior indicates that you are out of control or violent. If we ask you to leave, we will explain clearly to you what needs to happen so that you can return here for services.

### **Input from you**

We value your ideas, opinions, and experiences regarding your care here. We will ask you to fill out a client satisfaction survey after you are discharged from our program. We will also distribute the survey to every client for a two week period each year. In addition, we want to measure how we and you are doing so we will give you client rating scales periodically throughout your treatment and three months after discharge. If at any time you want to fill out a client satisfaction survey or a client rating scale just ask any staff member for the forms or call the Regional office. 308-534-0440.

### **Your Responsibilities**

You are

- responsible for providing a complete and accurate medical and chemical usage history and for informing staff of changes regarding the problems being treated in order to develop and maintain an appropriate treatment plan.

- responsible for following instructions given by the Program Staff. You are responsible for your action if you refuse treatment.
- responsible for meeting your financial obligations and for making appropriate arrangements.
- responsible for canceling your appointments if you are unable to keep them. Failure to do so means cancellation of all future appointments until we hear from you.
- responsible for your own recovery. We will do all we can to help you in your journey.

### **Our Organization**

Region II Human Services administers outpatient programs for mental health and substance abuse, day rehabilitation programs, community support programs, prevention activities, youth care coordination, medication management, emergency support services, psychological testing. We also contract with other agencies to provide substance abuse short term residential services, community support, acute secure care, dual diagnosis residential care, crisis respite beds, and emergency protective custody. Our emergency after hours number for all clients is 1-877-709-3351. Our hours of operation and our code of ethics are posted at each program location. You will be given our Privacy Notice which contains all of the information on confidentiality. If the court or mental health board has mandated you to be here, we will report to them as required and we will discuss that with you during your care with us. All financial information will be reviewed with you and a contract for services will define your financial obligation if you are in one of our programs that charges fees. Each program location will familiarize you with the premises.

#### **REGION II HUMAN SERVICES MISSION STATEMENT:**

“To work toward the health, happiness, and well-being of every person who works within our organization and every person served by our organization.”

“To provide the highest quality Substance Abuse and Mental health services to any person in need of those services.”

“To assure organizational survival and growth.”