



500 W. Central Rd.  
Suite 200  
Mount Prospect, IL, 60056

## **CLIENTS' RIGHTS STATEMENT**

### **CLIENTS' RIGHTS – Clients shall be informed of their rights prior to evaluation services**

1. Clients' rights shall be protected in accordance with Chapter 2 of the Illinois Mental Health and Developmental Disabilities Code [405 ILCS 5], including, but not limited to:
  - a. No client shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services.
  - b. A client with a known or suspected mental illness or developmental disability shall not be denied mental health or developmental services because of age, sex, race, religious belief, ethnic origin, marital status, physical or mental disability or criminal record unrelated to present dangerousness.
  - c. No client shall be presumed legally disabled, nor shall such person be held legally disabled except as determined by a court. Such determination shall be separate from a judicial proceeding held to determine whether a person is subject to involuntary admission or meets the standard for judicial admission.
  - d. A client shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan.
2. A client's health information will be kept confidential in accordance with Illinois and federal law, including the DMHDD Confidentiality Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and HITECH. The client shall be given a copy of the Clinic's Notice of Privacy Practices so the client understands how the Clinic intends to use client's health information.
3. Clients have right to contact the Illinois Guardianship and Advocacy Commission and/or Equip for Equality, Inc. Clinic staff shall offer assistance in contacting these groups. (Addresses and telephone numbers are on next page.)
4. Clients shall be free from abuse, neglect, and exploitation.
5. Clients or their guardian, if applicable, shall be given the opportunity to refuse any service, treatment, or medication unless mandated by law or court order.
6. Clients have the right to present grievances up to and including the provider's Executive Director.
7. Clients have the right not to be denied, suspended, or terminated from services or have services reduced for exercising any right.
8. Clients have the right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances.
9. Clients have the right to have disabilities accommodated as required by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Human Rights Act.
10. Clients shall be advised of any restrictions of their rights in accordance with Chapter 2 of the Mental Health Insurance Portability and Accountability act of 1996. Justification for restriction of the client's rights under these statutes shall be documented in the client record. Documentation shall include a plan with measurable objectives for restoring client's rights that is signed by the client or the client's parent guardian, the QMHP and LPHA. In addition, the client affected by such restrictions, his or her parent or guardian, as appropriate, and any agency designated by the client pursuant to subsection (d)(2) of this Section (Equip for Equality, Inc. and/or the State of Illinois Guardian and Advocacy Commission) shall be notified of the restriction and given a copy of the plan to remove the restriction of rights.
11. The right to be provided mental health services in the least restrictive setting.

## CONTACT INFORMATION FOR EQUIP FOR EQUALITY

Main Office	1-800-537-2632
20 North Michigan Ave	1-312-341-0022
Suite 300	1-312-541-7544 Fax
Chicago, IL 60602	1-312-541-1413 Alternate Fax

## CONTACT INFORMATION FOR STATE OF ILLINOIS GUARDIANSHIP AND ADVOCACY COMMISSION

Office of the Director	North Suburban Regional Office	Rockford Regional Office	West Suburban Regional Office
State of Illinois Building	9511 Harrison Avenue, W-335	4302 North Main Street	P.O. Box 7009
160 North LaSalle	Des Plaines, IL 60016-1565	Rockford, IL 61103-5202	Hines, IL 60141-7009
Suite S-500	847-294-4264	815-987-7657	708-338-7500
Chicago, IL 60601-3103	Fax: 847-294-4263	Fax: 815-987-7227	Fax: 708-338-7505
312-793-5908			
Fax: 312-793-4311			

## CLIENT GRIEVANCE PROCEDURE

All Ramos & Associates Behavioral Health Clinic (“RBHC”) clients have the right to quality service(s) that are provided in a humane and dignified atmosphere. When a client believes he or she is not provided services in this manner, the client has the right to express concern or lodge a grievance by using the following procedure.

### Procedure

Before beginning services, the client or legal guardian is provided a copy of RBHC’s written grievance procedure and the right to appeal adverse decisions. The procedure will also be explained orally, in terms that are consistent with the client’s age and understanding. The client will be reminded of the procedure when a complaint occurs.

1. The client or legal guardian is requested to state the grievance in writing to the Clinic Director within five (5) days from the date of such occurrence. The client will receive assistance necessary from RBHC staff to make certain his/her grievance, or appeal of an adverse decision is recorded and communicated to the appropriate parties up to and including the Executive Director. The client will not be discriminated against or denied services or have services reduced for exercising his/her right to file a grievance, or appeal of an adverse decision. The Clinical Director will respond to the client’s grievance as soon as possible but no later than five (5) days after receipt of the grievance. If the grievance is not settled to the satisfaction of the client, he/she will have the immediate opportunity to proceed further.
2. The appeal of an adverse decision must be submitted in writing by the client or legal guardian to the Director of Community Services or designee. The Director (or designee) will review all relevant documents and records and respond to the client or legal guardian within five (5) days after receipt of the grievance appeal. If the grievance is not settled to the satisfaction of the client and remains unresolved, the client or legal guardian shall have the immediate opportunity to proceed further.
3. The appeal of an adverse decision must be submitted in writing by the client or legal guardian to the Executive Director or designee. The Executive Director or designee will review all relevant records and documents and respond within five (5) days after receipt of the grievance regarding his/her decision. The decision of the Executive Director or designee shall be considered the agency’s final resolution to the grievance.
4. A copy of the notification to the client regarding the grievance resolution will be maintained in the client’s permanent confidential record.

**Acknowledgment of Receipt**

**Client:** I have read the above information on my client's rights or have had it read and explained to me in a language in which I can understand.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Clinic Representative:** I have explained the above information to the client to the best of my ability. The client understood this information to the best of my knowledge.

Clinic Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_