

## **POLICY G1-11**

## **CLIENT RIGHTS**

**POLICY:** Individuals receiving treatment in this Program shall be provided care in accordance with their inherent rights as human beings. No Policy or procedure shall interfere with the fundamental rights of the Program's client's or families to be treated with dignity, respect and with the protection of their human, civil, constitutional and legal rights.

### **PROCEDURE:**

The Program shall maintain and distribute a list of rights to be accorded each client. All staff shall utilize their professional expertise to ensure protection of the client's legal and human rights. All clients will receive a copy of these rights:

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

1. Confidentiality as provided in Title 42, Sections 2.1 through 2.67---1, Code of Federal Regulations. You will be informed of the limits of confidentiality and how your protected health information will be used,
2. Complaints. We will investigate your complaints.
3. Suggestions. You are invited to suggest changes in any aspect of the services we provide.
4. Civil rights. Your civil rights are protected by federal and state laws.
5. Cultural/spiritual/gender issues. You may request services from someone with training or experiences from a specific cultural, spiritual, or gender orientation. If these services are not available, we will help you in the referral process.
6. You have the right to take part in formulating your treatment plan.
7. Statement of nondiscrimination, participant rights, grievance procedures, appeal process for discharge, program rules, client fee schedule and access to client files will be given to client upon request. The above shall not preclude alcohol and/or other drug programs from emphasizing services for specific populations.
8. Denial of services. You may refuse services offered to you and be informed of any potential consequences.
9. Record restrictions. You may request restrictions on the use of your protected health information; however, we are not required to agree with the request.
10. Availability of records. You have the right to obtain a copy and/or inspect your protected health information; however, we may deny access to certain records. If so, we will discuss this decision with you.
11. Amendment of records. You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in the records.
12. Medical/legal advice. You may discuss your treatment with your doctor or attorney.
13. Costs of services. We will inform you of how much you will pay.
14. Termination of services. You will be informed as to what behaviors or violations could lead to termination of services at our Program.

#### **CLIENT'S RESPONSIBILITIES**

1. You are responsible for your financial obligations to the Program as outlined in the Payment Contract for Services.
2. You are responsible for following the policies of the Program.
3. You are responsible to treat staff and fellow clients in a respectful, cordial manner in which their rights are not violated.
4. You are responsible to provide accurate information about yourself.

IN ACCORDANCE WITH TITLE 9, CHAPTER 4, SECTION 10544(C), OF CALIFORNIA CODE OF REGULATIONS, ANY INDIVIDUAL MAY REQUEST AN INSPECTION OF AN ALCOHOLISM OR DRUG RECOVERY OR TREATMENT FACILITY. COMPLAINTS SHOULD BE DIRECTED TO:

**Department Health Care Services**

**Licensing and Certification Branch,**

**MS 2600**

**PO Box 997413 MS 2600**

**Sacramento, CA 95899---7413**

**Attention: Complaint**

**Coordinator (916) 324---4505**

**FAX (916) 322--2658**

**TDD: (916) 445--1942**

**Office of Quality and Patient**

**Safety The Joint**

**Commission (JCAHO)**

**One Renaissance**

**Boulevard Oakbrook**

**Terrace, Illinois 60181**

**Email:**

**[complaint@jointcommission.org](mailto:complaint@jointcommission.org)**

**Fax: 630-792-5636**

**OUR ETHICAL OBLIGATIONS**

1. We dedicate ourselves to serving the best interest of each client.
2. We will not discriminate between clients or professionals based on age, race, creed, sex, sexual orientation, disabilities, handicaps, preferences, or other personal concerns.
3. We maintain an objective and professional relationship with each client.
4. We respect the rights and views of other mental health professionals.
5. We will appropriately end services or refer clients to other programs when appropriate.
6. We will evaluate our personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self---improvement. We will continually attain further education and training.
7. We respect various institutional and managerial policies but will help to improve such policies if the best interest of the client is served.

These rights will be reviewed with the client during admission and a signed copy of these rights will be in placed in the client chart.

Program staff shall not deny Client Rights for any reason.

## **POLICY G2-11**

## **CLIENT COMPLAINTS**

**POLICY:** It is the policy of the Program that clients are free to report any complaints to staff without fear of reprisal.

### **PROCEDURE:**

A client may exercise his/her privilege of requesting a meeting with management representative without regard to his/her status. Clients may use this procedure without fear of reprisal. This can be in a verbal or written form to his/her therapist or management. The staff member who receives this grievance from a client is then required to report this to his/her supervisor, and will be discussed with staff's superiors within 3 business days. Management will respond no later than 5 business days.

At a quarterly meeting of the Department Heads, grievances for that quarter are reviewed and trends if any are noted. Suggestions will be made to improve any trends and action plans will be made if necessary to correct any situations.

**POLICY G3-11  
CONFIDENTIALITY**

**HIPAA, PRIVACY AND**

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**POLICY:** All employees of The Villa Outpatient Services understand that information about clients and their health is confidential and are committed to protecting this information.

**PROCEDURE:**

All employees must follow these rules.

**HIPAA** – Client Protected Health Information (PHI) is covered by the Health Insurance Portability and Accountability Act (HIPAA). The HIPAA Privacy Rule (45CFR 164.520) requires that clients be given notice of the program's privacy practices as well as their rights under the Privacy Rule.

**Confidentiality of Alcohol and Drug Abuse Client Records under Title 42, Code of Federal Regulations, Part 2** – 42 CFR Part 2 requires that none of the Program's records or client identifying information can be released except upon one of the following:

- A. With client's specific written consent with proper language referencing 42 CFR Part 2,
- B. A court order signed by a Judge mandating such release of said records, including any limitations or scope of request, or
- C. Pursuant to the Mandatory Reporting Requirements outlined herein.

**Clients have the right to:**

- Ask to see, read and/or obtain a copy of their health record (charges and other conditions may be necessary).
- Ask to correct information that they believe is wrong in their health record.
- Ask that their health information not be shared with certain individuals.
- Ask that their health information not be used for certain purposes; e.g. research.
- Ask that The Villa Outpatient send copies of their records to whomever they wish (charges and other conditions may be necessary).
- Be informed about who has read their record (for reasons other than treatment, payment and program improvement purposes).
- Specify where and how The Villa Outpatient may contact them.
- Receive a paper copy of the full The Villa Outpatient Notices of Privacy Practices.

**The Villa Treatment Centers may use and disclose client health information to improve treatment.**

- To improve the quality of care that clients receive, health information may be shared by The Villa Outpatient and other providers such as health care professionals, laboratories and pharmacies that have written consents by the client

- There are circumstances when client health information will not be shared unless client gives written permission for it to be shared.

If a client believes that their privacy rights have not been maintained while receiving services at The Villa, they may file a complaint to The Villa by sending a letter describing the cause of their concern to the following address: 4463 Van Nuys Blvd, Sherman Oaks, CA 91403

Or they are notified that they may file a complaint with the Secretary of the US Department of Health and Human Services and The Joint Commission.

## **POLICY G4-11 CONFIDENTIALITY**

**POLICY:** Identifying the importance of confidentiality

### **PROCEDURE:**

All Program staff will keep all client information private. Both written and verbal information must remain confidential between the client and the staff. It is the responsibility of the administrative staff to remind the client care staff of the importance of confidentiality.

All Program Staff are required to take the online Basic HIPAA Privacy and Security class and provide a certificate that will be placed in employees file.

Confidentiality will also apply to telephone conversation, inquiries from the family and the public unless disclosure is authorized by the client.

Violation of client confidentiality constitutes a breach of the client rights and can result in immediate dismissal.

Exceptions to this policy are medical emergencies and the event of threats to another person, to comply with the Tarasoff "duty to warn" responsibility to others.

### **Privacy**

A Staff member will be assigned the duty of maintaining Privacy and Confidentiality policies and QSO/BA Agreements, coordinating the training of new employees and responding to grievances that pertain to confidentiality and privacy.

### **Qualified Service Organizations/Business Associates**

The Program may utilize other entities to provide services to the Program or clients without obtaining the client's consent to disclose information. These entities are known under 42 CFR as Qualified Service Organizations and under HIPAA as Business Associates and may include but are not limited to the following:

- Data Processing
- Laboratory Services
- Medical Healthcare
- Legal Services
- Accounting Services

A written Qualified Services Organization/Business Associate (QSO/BA) agreement must be in place in order to be in compliance with 42 -CFR and HIPAA.

**POLICY:** Federal and State confidentiality regulations authorize disclosure of information regarding the identity, diagnosis, prognosis or treatment of alcohol and drug program participants under specific guidelines. The Villa shall adhere to the regulations stipulated in the Code of Federal Regulations (Title 42, Section 2.1 through 2.67---1) and HIPAA.

Any information recorded or not, related to a client (past or present) is to be afforded full confidentiality as outlined in the above regulations. Exceptions to confidentiality are as follows:

- A. If information about suspected child/dependent adult/elderly abuse or neglect is reported;
- B. If clients threaten to harm themselves or other;
- C. If the Court orders that information be released;
- D. If the client gives written permission to release information; or
- E. Disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Federal regulations allow information sharing among programs or persons with Qualified Service Organization Agreements (QSOA's).

**PROCEDURE:**

- 1. All program staff will keep all client information private. Both written and verbal information must remain confidential between the client and staff. It is the responsibility of the administrative staff to remind the client care staff of the importance of confidentiality.
- 2. Confidentiality will also apply to telephone conversations and inquiries from family and the public unless disclosure is authorized.
- 3. Violation of client confidentiality constitutes a breach of the client rights and can result in immediate dismissal.

**Confidentiality Policies:**

**A. Program Files:**

No Person, other than program staff or the client, to whom the files refer, shall have access to program files for any reason without a written consent form being obtained from the client. The only exception to this would be in response to a court order signed by a judge to release such files or the client's insurance company authorized to make payments for treatment services on behalf of the client. A deposition subpoena for business records is not sufficient documentation to release client records.

Any client may have access to his/her file upon request to the Clinical Director during normal office hours provided such a request does not disrupt program activity. In this situation, the request will be made by the client in writing and an appointment will be made with the client's therapist or the Clinical Director in the Therapist's absence within a reasonable amount of time to review the client's file with the client. After review of the file, if the client so wishes a physical copy of his/her chart, a copy will be made for him/her by administrative staff and will be available within the next 2---5 business days for the client to pick up or to be mailed to the client.

**B. Telephone Answering:**

No information of any kind, including an acknowledgement of the client's participation in the program may be made over the telephone without a written consent form from the client specifying the party to whom information may be released. Staff shall review the client's written consents to ensure that the calling party is listed as someone who the client has authorized communication with and additionally that a consent has been signed. When a written consent has been obtained information may be given only to the party designated on the consent at the telephone number given on the consent form.

No person other than paid program staff is authorized to answer the office telephone and the following format shall be utilized. Upon receiving a call, the person will answer: "Thank you for calling The Villa Outpatient, how may I help you?" After identifying the reason for the call, the caller may be referred to the appropriate staff.

**C. Electronic Medical Records (EMR) Best Notes**

EMR are safeguarded with password protection and will only be used by authorized personnel as per the EMR license on dedicated computer hardware.

## CONFIDENTIALITY AND DOCUMENT REQUESTS

(e.g., subpoenas, court orders, search warrants, inspections)

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**POLICY:** It is the policy of the Program to maintain the confidentiality of all clients pursuant to Title 42 CFR Part 2 and HIPAA requirements while at the same time honoring the law.

### PROCEDURE:

#### Document Requests:

1. Subpoenas: All types of subpoenas are considered insufficient to release records. This includes but is not limited to Subpoenas Duces Tecum and Deposition Subpoena for Business Records. If a subpoena is served (either by a copy service or by an attorney):
  - A. It is to be given to the Director of Clinical Operations for handling.
  - B. Proper form responses to subpoenas can be obtained from Director of Operations. Utilize this form and address it to the party who issued the subpoena. If the subpoena was served by mail with a check for copying fees, return it via mail along with the check.
  - C. The client's files (both Clinical and financial) are to be pulled from storage and sequestered in a locked area designated for "disputed files". They are not to be removed from there without specific authorization from the Director of Operations or CEO.
2. Court Orders: Records may be released only by a court order signed by a Judge. If a court order is received it is to be immediately given to the Director of Operations or CEO. To verify the authenticity of a court order, our corporate attorney may be contacted as well.

#### Search Warrants:

1. We are not obligated to comply with an authorized search warrant. Drug and Alcohol Treatment Centers are protected under Federal Law, 42 CFR Part 2. If an authorized person (i.e., police officer who has identified him/herself) arrives with a search warrant:
  - A. Immediately notify the Director of Clinical Operations, CFO and CEO. They will also in turn notify our attorney.
  - B. Search warrants, similarly, may not be used to allow law enforcement officers to enter the program's facility. However, arrest warrants do permit law enforcement personnel to search for a particular client who has committed or threatened a crime on the premises of the program or against program personnel. Unless the arrest warrant is accompanied by a court order, the program may not cooperate with a search for a client who committed a crime elsewhere.