

 <p>Fountain FOHFS</p>	Fountain of Hope Family Services Inc.		<b>Policy and Procedures</b>
	Policy Type:-	Aspire to Excellence	Policy# <b>ATE-147</b>
	Subject:-	Rights of Persons Served	Adopted: <b>-05/06/2014</b>
	Section:-	<b>(1.K)</b>	Effective: <b>-06/11/2015</b>
Approval By:-	<b>Michael Oladipo</b>	Revised: <b>-08/15/2020</b>	

## ► **Policy**

This policy applies to all **FOHFS** employees. The policies contained in this section apply to all service programs and components of services programs provided by **FOHFS Agency**.

## ► **Consumer Rights**

**(FOHFS Agency)** affirms that its staff members do recognize and respect that unique individuality of each consumer and his/her family.

► (a) All consumers receiving **outpatient** services shall have and enjoy all **constitutional** and **statutory rights** of all **citizens** of the **State of Oklahoma** and the **United States**, unless abridged through due process of law by a court of competent jurisdiction. Outpatient services include all services where the consumer does not reside in or stay overnight in the facility providing services to him/her. As a facility certified by and/or under contract with **OMDHSAS**, providing outpatient mental health and /or substance abuse services.

## ► **Rights of Client**

### 1. **The rights of the Clients are:**

#### a. **Communicated to the Clients:**

- The rights of the Client are provided by the Clinicians who reviews the contents and encourages the Clients to ask for clarification if needed.
- **(FOHFS Agency)** provides a **written copy** of the rights of the Client when performing the psychosocial evaluation of the Clients and annually.
- Persons served are provided with written copy of the rights of the Clients annually when their treatment plans are updated.

b. Each Client is provided with a copy of the Rights of Person's Served to review at any time.

### 2.

- a. **FOHFS Agency** conforms to applicable **HIPAA guidelines** to ensure confidentiality of Clients records. **(FOHFS Agency)** takes appropriate measures to safeguard both **Client's** and **administrative** records. The primary responsibility for Clients records rests with the **Executive**

**Director.** Access to records shall be limited to facility staff having need of access to the records. Client's files shall be filed **alphabetically** by their **last name**. Each Client's record shall be complete and authenticated by the person providing the observation, evaluation, or service. Client's records shall be retained for a minimum of **seven years** after the **discharge** or **transfer** of the Client. Clients will have access to information from their files with written request

- b. Clinicians respect their person's served right to privacy and avoid illegal and unwarranted disclosures of confidential information.
- **Clients Waiver.** The Client or his or her legally recognized representative might waive the right to privacy.
- **Exceptions.** The general requirement that Clinicians keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the Client or others or when legal requirements demand that confidential information be revealed. Clinicians consult with other professionals when in doubt as to the validity of an exception.
- **Court-Ordered Disclosure.** When court ordered to release confidential information without Client's permission, Clinicians request to the court that the disclosure not be required due to potential harm to the Client or counseling relationship.
- **Minimal Disclosure.** When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, Clients are informed before confidential information is disclosed.
- **Explanation of Limitations.** When counseling is initiated and throughout the counseling process as necessary, Clinicians inform Clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached.
- **Subordinates.** Clinicians make every effort to ensure that subordinates, including employees, anyone under supervision, clerical assistants, and volunteers maintain privacy and confidentiality of Clients.
- **Treatment Teams.** If Client's treatment will involve a continued review by a treatment team, the Client will be informed of the team's existence and composition.
- Groups and Families
  - (a) **Group Work.** In group work, Clinicians clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

(b)

**Family Counseling.** In family counseling, information about one family member cannot be disclosed to another member without permission. Clinicians protect the privacy rights of each family member.

- **Minor or Incompetent Clients:** When counseling Clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Clinicians act in the best interest of Clients and take measures to safeguard confidentiality.

▶ **(1.k.1.c) – Freedom from**

- **Abuse:** Clinicians must take steps to protect Clients from physical or psychological trauma resulting from interactions during group work.
- Financial or other exploitation:
  - (a) Clinicians must make every effort to avoid dual relationships with Clients that could impair their professional judgment or increase the risk of harm to Clients. When a dual relationship cannot be avoided, Clinicians must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs.
  - (b)
    - (i) Clinicians must make every effort to avoid dual relationships with Clients that could impair their professional judgment or increase the risk of harm to Clients. When a dual relationship cannot be avoided, Clinicians must take appropriate steps to ensure that Judgment is not impaired and that no exploitation occurs. Clinicians must not engage in sexual intimacies with current Clients and must not engage in sexual intimacies with former Clients within a minimum of two years after terminating the counseling relationship.
    - (ii) Clinicians who engage in such relationship after two years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature.

- **Retaliation:** Every Client by **FOHFS Agency** has the right, without fear of punishment to present a complaint (grievance) or request a second opinion (appeal) on a staff decision made on the Clients' behalf. Filing a grievance will not result in retaliation or reduction in services.

- **Humiliation:** Clinicians respect diversity and must not discriminate against

Clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

- **Neglect:** FOHFS Agency considers any unjustifiable failure or refusal to carry out an approved treatment plan as written to be neglectful.

### ▶ 1.k.1.e – Person’s served

**Person's served** are provided with information from Oklahoma State Department of Health: Protective Health Services: Professional Clinicians Licensing where person's served is able to be involved with and make appropriate decisions regarding his/her treatment.

- (1) Prior to assessment, Clinicians explain the nature and purposes of the psychosocial assessment and the specific use of results in language the Clients (or other legally authorized person on behalf of the Clients) can understand, unless an explicit exception to this right has been agreed upon in advance.
- (2) Clinicians may release data (e.g., counseling or interview notes, or questionnaires) in which the Clients is identified only with the consent of the Clients or the person's served legal representative.
- (3) If Clients is receiving services from another mental health professional, Clinicians, with the person's served consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the Clients.
- (4) **FOHFS Agency** service delivery team consists of Clinicians, Managers, and support staff members.
- (5) Not applicable

F. When **FOHFS** is unable to provide assessment or services in an identified area of need, a referral is made. Referral information is documented in the individual’s case record. Referrals include but are not limited to: County Health Department; Social Security Administration; Medical Care Facilities; Legal aid; Advocacy; Community Based Support Groups; Food Pantries; or other

G. **FOHFS** is not participating in research at this time

(**I.k.1.h**). Investigation and resolution of alleged infringements of rights.

- Policy: Every Client of **FOHFS** has the right, without fear of punishment to present a complaint (grievance) or request a second opinion (appeal) on a staff decision made on the Clients’ behalf. Filing a grievance will not result in retaliation or reduction in services.
- Procedure: The following procedure must be used by any Clients of **FOHFS Agency** wishing to present a grievance or appeal:

(a)

If a Client has a grievance or appeal, he or she may, orally (talking) or in writing, report the complaint to his or her

Clinicians or Executive.

- (b) The **Executive Director**, along with the Clinicians and person served will review the complaint/grievance, and try to resolve any issues through agency advocacy and effective communication, and determine if any action should be taken.
- (c) If the Clients is not satisfied with the decision; the Clients may appeal to the **Executive Director**. The Executive Director will investigate the complaint with the **Clinicians** or other involved parties and make a decision within **24** hours.
- (d) If the Clients are not satisfied with the decision of the Executive Director, the Clients may then file a complaint or an appeal in writing (sealed) to \_\_\_\_\_. \_\_\_\_\_ will report all results of his investigation of the complaint to the next Organizational Meeting of the Managers who will then make a final decision on the matter in writing. The Executive Director shall inform all interested parties of their decision within 48 hours of their decision.
- (e) Once a grievance or appeal decided, all parties to the grievance will be informed in writing of the decision. Appeals to the decision may be filed by the same guidelines above.
- (f) Grievance forms are to be available in the **FOHFS Agency** office at all times. This form shall be provided to the Clients upon request. If the Client is a home-based Client, the Clinicians will either mail the grievance form or take the grievance form to the home within two days of the request.
- (g) Grievance complaints and appeals shall be reported in the minutes of organizational meetings the quality assurance reports provided to the managers.
- (h) If the complaint involves the Clinicians, staff, or Executive Director, the process involving them may be passed.

### ►1.k.1.I – Other legal Rights

- Disclosure to Clients. Clinicians must adequately inform Clients, preferably in writing, regarding the counseling process and counseling relationship at or before the time it begins and throughout the relationship.

- **Advance Understanding of Fees:** Clinicians must explain to Clients, prior to their entering the counseling relationship, financial arrangements related to professional services.
- **Termination.** Clinicians must assist in making appropriate arrangements for the continuation of treatment of Clients, when necessary, following termination of counseling relationships.
- **Inability to assist Clients.** Clinicians must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a Client. The Clinicians may assist in making an appropriate referral for the Clients.

### ▶1.k.3 – Disclosure to Clients

**Disclosure to Clients.** When counseling is initiated, and throughout the counseling process as necessary, counselors informs Clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Counselors take steps to ensure that Clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal. The Clients shall be involved in all aspects of treatment and decisions making of services, and participates at his/her own will.

- b. **Freedom of Choice.** Counselors offer Clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of Clients are fully explained.

### ▶1.k.4.a – Grievance policy

(FOHFS Agency) has a grievance policy by which Clients may formally complain to the agency.

**Policy:** Every Client of **FOHFS Agency** has the right, without fear of punishment to present a complaint (grievance) or request a second opinion (appeal) on a staff decision made on the person's served behalf.

1. Filing a grievance will not result in retaliation or reduction in services
2. All parties involved will take any necessary steps to resolve issues resulting in complaint or dissatisfaction of the person served. This will be done through effective communication, and utilizing appropriate problem

solving skills, in efforts of satisfying all parties involved.

3. There are three levels of review: Clinicians, Executive Director, and If the Clients does not agree with the Executive Director's decision, the Clients may make his or her complaint or appeal in writing if the Client is not satisfied with the decision of the Executive Director, the Clients may then file a complaint or an appeal in writing (sealed) to \_\_\_\_\_. \_\_\_\_\_ will report all results of his investigation of the complaint to the next Agency Meeting of the Managers who will then make a final decision on the matter in writing. The Executive Director shall inform all interested parties of their decision within 48 hours of their decision
4. Included in C.
5. The Executive Director shall inform all interested parties of their decision within 48 hours of their decision. Once a grievance or appeal decided, all parties to the grievance will be informed in writing of the decision and actions to be taken, if any.

6.

**As a Client by FOHFS Agency you have the right to:**

- Be treated with respect
- Receive services in a safe and clean place
- Be in a place where no one will hurt you or treat you badly
- Receive services no matter what your race, religion, sex, age, sexual orientation or disability
- Expect the people working with you to never physically abuse you or do anything sexual or say mean or hurtful things to you
- A treatment plan, made by you and the Clinicians, on which you agree to work
- Refuse to participate in any kind of survey or research
- Expect all information to be kept confidential.

7. **As a Client by FOHFS, you have the responsibility to:**

Be courteous to other consumers and staff

- Relate your strengths, needs, abilities, and preferences to your mental health professional as honestly and completely as possible
- Ask questions about anything you don't understand
- Inform your mental health professional if you have any special needs
- Actively participate in your treatment and in meeting your goals
- Inform your mental health professional if you wish to discontinue treatment

- Attend services alcohol and drug free
8. **FOHFS Agency** has retained as an advocate to address grievances of person's served. **FOHFS Agency** support personnel are available to assist person's served with the grievances process.

B. Persons served are introduced to the complaint procedures during intake and reviewed annually when annual treatment plans are updated. **FOHFS Agency** uses language that is easily understood by Clients: At **FOHFS Agency** we feel that a positive relationship between the Clients and the counselor is the best predictor of Clients' success. If you feel your counselor has harmed you or has behaved in a way that is hurtful to you or others, we want to encourage you to talk to your Clinicians about your concerns. If that is uncomfortable or has not been helpful, please feel free to bring your concerns to the **Executive Director** at **(405) 759-3860**. Grievance/Compliant forms can be found located in the reception area of the agency for your convenience and privacy. You may present your concerns in writing to the **Executive Director**. You are also encouraged to contact an outside of the agency consultant with any concerns you feel are not being fully addressed within the agency.

### **3. A review of formal complaints:**

- a. The Management Team reviews complaints i.e. grievances each year.
  - b. The Management Team reviews quarterly reports to identify trends and areas needing performance improvement.
- The Management Team identifies trends and assesses the impact of those trends for **FOHFS Agency**.
  - The Management Team identifies areas needing performance improvements.
  - The Management Team will determine if additional training of personnel, a change in policy or procedures, or other adjustments would be beneficial to **FOHFS Agency** or to the person's served by **FOHFS Agency**. These actions will be documented in the Annual Management Summary.



