



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# **RYAN WHITE PROGRAM UNIVERSAL STANDARDS OF CARE**

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## **INTRODUCTION**

Standards of Care outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. Standards of Care are available for each service category to set the minimum level of care Ryan White funded agencies should offer to clients.<sup>1</sup> The Standards are intended to help Ryan White Part A funded agencies meet the needs of their clients. Providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Universal Standards of Care to reflect current guidelines from federal and national agencies on HIV care and treatment, and to establish the minimum standards of care necessary to achieve optimal health among people living with HIV (PLWH), regardless of where services are received in the County. The development of the Standards includes guidance from service providers, consumers and members of the Los Angeles County Commission on HIV, Standards and Best Practices Committee.

## **UNIVERSAL STANDARDS OVERVIEW**

The objectives of the Universal Standards are to ensure agencies:

- Provide services that are accessible and non-discriminatory to all people living with HIV in Los Angeles County with a focus on highly impacted populations
- Educate staff and clients on the importance of receiving care, treatment as prevention, and how people who are completely, durably suppressed will not sexually transmit HIV.
- Protect client rights and ensure quality of care
- Provide client-centered, age appropriate, culturally and linguistically competent care
- Provide high quality services through experienced and trained staff
- Meet federal, state, and county requirements regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality, protect client autonomy, and ensure a fair process of addressing grievances
- Inform clients of services, establish eligibility, and collect information through an intake process
- Effectively assess client needs and encourage informed and active participation
- Address client needs through coordination of care and referrals to needed services

### **1. GENERAL AGENCY POLICIES**

All agencies offering Ryan White services must have written policies that address client confidentiality, release of information, client grievance procedures, and eligibility. Agency policies and procedures facilitates service delivery as well as ensures safety and well-being of clients and staff.

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<sup>1</sup> Appendix A: List of Ryan White Part A Service Categories

<b>1.0 GENERAL AGENCY POLICIES</b>	
<b>Standard</b>	<b>Documentation</b>
1.1 Agency develops or utilizes an existing client confidentiality policy in accordance with state and federal laws to assure protection of client HIV status, behavioral risk factors, and/or use of services.	1.1 Written client confidentiality policy on file.
1.2 Client determines what information of theirs can be released and with whom it can be shared.	<p>1.2 Completed <i>Release of Information Form</i> on file including:</p> <ul style="list-style-type: none"> <li>• Name of agency/individual with whom information will be shared</li> <li>• Information to be shared</li> <li>• Duration of the release consent</li> <li>• Client signature</li> </ul> <p>For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), form must be HIPAA disclosure authorization compliant.</p>
1.3 Agency develops or utilizes an existing grievance procedure to ensure clients have recourse if they feel they are being treated in an unfair manner or feel they are not receiving quality services.	<p>1.3 Written grievance procedure on file that includes, at minimum:</p> <ul style="list-style-type: none"> <li>• Client process to file a grievance</li> <li>• Information on the Los Angeles County Department of Public Health, Division of HIV &amp; STD Programs (DHSP) Grievance Line 1-800-260-8787.<sup>2</sup> Additional ways to file grievances can be found at <a href="http://publichealth.lacounty.gov/dhsp/QuestionServices.htm">http://publichealth.lacounty.gov/dhsp/QuestionServices.htm</a></li> </ul> <p>DHSP Grievance Line is posted in a visible location on site.</p>

<sup>2</sup> <http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>

Standard	Documentation
1.4 Agency provides eligibility requirements for services available upon request. Eligibility requirements must follow guidance from Division of HIV & STD Programs (DHSP) and HRSA under Policy Clarification Notice #16-02. <sup>3</sup>	1.4 Written eligibility requirements on file.
1.5 All client files are stored in a secure and confidential location, and electronic client files are protected from unauthorized use.	1.5 Client files must be locked and/or password protected with access provided only to appropriate personnel.
1.6 Agency maintains progress notes of all communication between provider and client.	1.6 Legible progress notes maintained in individual client files that include, at minimum: <ul style="list-style-type: none"> <li>• Date of communication or service</li> <li>• Service(s) provided</li> <li>• Recommended referrals linking clients to needed services (See Section 7: Referrals and Case Closure)</li> </ul>
1.7 Agency develops or utilizes an existing crisis management policy.	1.7 Written crisis management policy on file that includes, at minimum: <ul style="list-style-type: none"> <li>• Mental health crises</li> <li>• Dangerous behavior by clients or staff</li> </ul>
1.8 Agency develops a policy on utilization of Universal Precaution Procedures. <sup>4</sup> <ol style="list-style-type: none"> <li>a. Staff members are trained in universal precautions.</li> </ol>	1.8 Written policy or procedure on file. <ol style="list-style-type: none"> <li>a. Documentation of staff training in personnel file.</li> </ol>
1.9 Agency ensures compliance with Americans with Disabilities Act (ADA) criteria for programmatic accessibility (e.g. building and design accessibility, parking, etc.). For agencies with multiple sites, all sites must be in compliance.	1.9 ADA criteria on file at all sites.

<sup>3</sup> [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

<sup>4</sup> <https://www.cdc.gov/niosh/topics/bbp/universal.html>

Standard	Documentation
1.10 Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	1.10 Signed confirmation of compliance with applicable regulations on file.

## 2. CLIENT RIGHTS AND RESPONSIBILITIES

A key component of HIV/AIDS service delivery is the historic and continued involvement of people living with HIV in the design and evaluation of services. The quality of care and quality of life for people living with HIV/AIDS is maximized when people living with HIV are active participants in their own health care decisions with their providers. This can be facilitated by ensuring that clients are aware of and understand the importance of their input in the development of HIV programming.

2.0 CLIENT RIGHTS AND RESPONSIBILITIES	
Standard	Documentation
2.1 Agency ensures services are available to any individual who meets the eligibility requirements for the specific service category.	2.1 Written eligibility requirements on file. Client utilization data made available to funder.
2.2 Agency includes input from people living with HIV/AIDS in the design and evaluation of services to ensure care is client-centered.	2.2 Written documentation of how input was received to inform service planning and evaluation in regular reports. Lists may include: <ul style="list-style-type: none"> <li>• Consumer Advisory Board meetings</li> <li>• Participation of people living with HIV in HIV program committees or other planning bodies</li> <li>• Needs assessments</li> <li>• Satisfaction surveys</li> <li>• Focus groups</li> </ul>

Standard	Documentation
<p>2.3 Agency provides each client a copy of the <i>Patient &amp; Client Bill of Rights</i><sup>5</sup> document that informs them of the following:</p> <ul style="list-style-type: none"> <li>• Confidentiality policy</li> <li>• Expectations and responsibilities of the client when seeking services</li> <li>• Client right to file a grievance</li> <li>• Client right to receive no-cost interpreter services</li> <li>• Client right to access their file (if psychotherapy notes cannot be released per clinician guidance, agency should provide a summary to client within 30 days)</li> <li>• Reasons for which a client may be discharged from services and the process that occurs during involuntary discharge</li> </ul>	<p>2.3 <i>Patient &amp; Client Bill of Rights</i> document is signed by client and kept on file.</p>

**3. STAFF REQUIREMENTS AND QUALIFICATIONS**

Staff must be well qualified and, if necessary, hold all required licenses, registration, and/or degrees in accordance with applicable State and federal regulations as well as requirements of the Los Angeles County Department of Public Health, Division of HIV & STD Programs. At minimum, all staff will be able to provide timely, linguistically and culturally competent care to people living with HIV. Staff will complete orientation through their respective hiring agency, including a review of established programmatic guidelines, and supplemental trainings as required by the Los Angeles County Department of Public Health, Division of HIV and STD Programs.

<b>3.0 STAFF REQUIREMENTS AND QUALIFICATIONS</b>	
Standard	Documentation
<p>3.1 Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served.</p>	<p>3.1 Staff resumes on file.</p>

<sup>5</sup> Appendix B: Patient & Client Bill of Rights

Standard	Documentation
3.2 If a position requires licensed staff, staff must be licensed to provide services.	3.2 Copy of current license on file.
3.3 Staff will participate in trainings appropriate to their job description and program <ul style="list-style-type: none"> <li>a. Required education on how a client achieving and maintaining an undetectable viral load for a minimum of six months will not sexually transmit HIV.</li> </ul>	3.3 Documentation of completed trainings on file
3.4 New staff will participate in trainings to increase capacity for fulfilling the responsibilities of their position. <ul style="list-style-type: none"> <li>a. Required completion of an agency-based orientation within 6 weeks of hire</li> <li>b. Training within 3 months of being hired appropriate to the job description.</li> <li>c. Additional trainings appropriate to the job description and Ryan White service category.</li> </ul>	3.4 Documentation of completed trainings on file

**4. CULTURAL AND LINGUISTIC COMPETENCE**

Ryan White funded agencies must provide services that are culturally and linguistically competent based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. As noted in the CLAS Standards, ensuring culturally and linguistically appropriate services advances health equity, improves quality, and helps eliminate health care disparities by establishing a blueprint for health and health care organizations. For the purpose of these standards, culture is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.<sup>6</sup> The standards below are adapted directly from the National CLAS Standards.

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<sup>6</sup> National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Office of Minority Health, US Department of Health and Human Services. April 2013. <https://www.thinkculturalhealth.hhs.gov/clas/standards>



Agencies should also strive towards acknowledging implicit bias, how it plays a role in service delivery, and how it can be addressed and countered. Agencies must provide services that align with strategies to reduce implicit bias by the Institute for Healthcare Improvement.<sup>7</sup> For the purpose of the standards, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.<sup>8</sup>

Cultural competence and acknowledging implicit bias relies on behaviors, attitudes, and policies that come together in a system, agency, or among individuals that reduces stigma and enables effective delivery of services. Linguistic competence is the ability to communicate effectively with clients, including those whose preferred language is not the same as the provider’s, those who have low literacy skills, and/or those with disabilities. Cultural and linguistic competence is a goal toward which all service providers must aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities, and understanding that culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime. However, agencies should ensure staff are involved in a continual process of learning, personal growth, and training that increases cultural and linguistic competence, addresses implicit bias, decreases stigma and enhances the ability to provide appropriate services to all individuals living with HIV/AIDS.

Federal and State language access laws require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services.<sup>9</sup> Interpretation refers to verbal communication where speech is translated from a speaker to a receiver in a language that the receiver can understand. Translation refers to the conversion of written material from one language to another.

<b>4.0 CULTURAL AND LINGUISTIC COMPETENCE</b>	
<b>Standard</b>	<b>Documentation</b>
4.1 Recruit, promote, and support a culturally and linguistically diverse workforce that are responsive to the population served.	4.1 Documentation of how staff demographics reflect the demographics of clients served on file (e.g. race, gender identity, age, sexual orientation, etc.)

<sup>7</sup> <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>

<sup>8</sup> <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

<sup>9</sup> Title VI of the Civil Rights Act of 1964 and California’s 1973 Dymally-Alatorre Bilingual Services Act

Standard	Documentation
<p>4.2 Agency develops or utilizes existing culturally and linguistically appropriate policies and practices.</p> <p>a. Agency educates and trains workforce on culturally and linguistically appropriate practices on an ongoing basis.</p>	<p>4.2 Written policy and practices on file</p> <p>a. Documentation of completed trainings on file.</p>
<p>4.3 Provide resources onsite to facilitate communication for individuals who experience impairment due to a challenging medical condition or status (e.g. augmentative and alternative communication resources or auxiliary aids and services)</p>	<p>4.3 Resources on file</p> <p>b. Checklist of resources onsite that are available for client use.</p> <p>c. Type of accommodations provided documented in client file.</p>
<p>4.4 Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>	<p>4.4 <i>Signed Patient &amp; Client Bill of Rights</i> document on file that includes notice of right to obtain no-cost interpreter services.</p>
<p>4.5 Ensure the competence of individuals providing language assistance</p> <p>a. Use of untrained individuals and/or minors as interpreters should be avoided</p> <p>b. Ensure quality of language skills of self-reported bilingual staff who use their non-English language skills during client encounters</p>	<p>4.5 Staff resumes and language certifications, if available, on file.</p>
<p>4.6 Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area in clinic points of entry (e.g. registration desks, front desks, reception, waiting rooms, etc.) and areas where work with client is performed (e.g. clinic rooms, meeting rooms, etc.)</p>	<p>4.6 Materials and signage in a visible location and/or on file for reference.</p>

## 5. INTAKE AND ELIGIBILITY

All clients who request or are referred to HIV services will participate in an intake process conducted by appropriately trained staff. The intake worker will review client rights and responsibilities, explain available services, the confidentiality and grievance policy, assess immediate service needs, and secure permission to release information.

<b>5.0 INTAKE AND ELIGIBILITY</b>	
<b>Standard</b>	<b>Documentation</b>
<p>5.1 Intake process begins within 5 days of initial contact and is completed within 30 days of initial contact with client.</p>	<p>5.1 Completed intake on file that includes, at minimum:</p> <ul style="list-style-type: none"> <li>• Client’s legal name, name if different than legal name, and pronouns</li> <li>• Address, phone, and email (if available). A signed affidavit declaring homelessness should be kept on file for clients without an address.</li> <li>• Preferred method of communication (e.g., phone, email, or mail)</li> <li>• Emergency contact information</li> <li>• Preferred language of communication</li> <li>• Enrollment in other HIV/AIDS services;</li> <li>• Primary reason and need for seeking services at agency</li> </ul> <p>If client chooses not to complete the intake within 30 days of initial contact, document attempts to contact client and mode of communication in client file.</p>
<p>5.2 Agency determines client eligibility</p>	<p>5.2 Documentation includes:</p> <ul style="list-style-type: none"> <li>• Los Angeles County resident</li> <li>• Income equal to or below the required Federal Poverty Level (FPL) as determined by Division of HIV &amp; STD Programs</li> <li>• Verification of HIV positive status</li> </ul>

## 6. REFERRALS AND CASE CLOSURE

A client case may be closed through a systematic process that includes case closure justification and a transition plan to other services or other provider agencies, if applicable. Agencies should maintain a list of resources available for the client for referral purposes. If the client does not agree with the reason for case closure, they should follow the grievance policy at the provider agency and/or be referred to the Department of Public Health, Division of HIV and STD Programs Grievance Line.

6.0 REFERRALS AND CASE CLOSURE	
Standard	Documentation
<p>6.1. Agency will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals</p> <p>a. Staff will provide referrals to link clients to services based on assessments and reassessments</p>	<p>6.1 Identified resources for referrals at provider agency (e.g. lists on file, access to websites)</p> <p>a. Written documentation of recommended referrals in client file</p>
<p>6.2 If needed, staff will engage additional providers for specific support services (e.g. behavioral health, substance abuse, housing)</p>	<p>6.2 Agency establishes partnerships with agencies for referrals as needed. Memoranda of Understanding (MOU) on file.</p>
<p>6.3 For clients with missed appointments or pending case closure, staff will attempt to contact client.</p> <p>a. Cases may be closed if the client:</p> <ul style="list-style-type: none"> <li>• Relocates out of the service area</li> <li>• Is no longer eligible for the service</li> <li>• Discontinues the service</li> <li>• No longer needs the service</li> <li>• Puts the agency, service provider, or other clients at risk</li> <li>• Uses the service improperly or has not complied with the services agreement</li> <li>• Is deceased</li> <li>• Has had no direct agency contact, after repeated attempts, for a period of 12 months.</li> </ul>	<p>6.3 Attempts to contact client and mode of communication documented in file.</p> <p>a. Justification for case closure documented in client file</p>

Standard	Documentation
6.4 Agency has a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition for clients who no longer want or need services.	6.4 Completed transition summary in file, signed by client and supervisor (if possible). Summary should include reason for discharge; and a plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency.
6.5 Agency develops or utilizes existing due process policy for involuntary discharge of clients from services; policy includes a series of verbal and written warnings before final notice and discharge.	6.5 Due process policy on file as part of transition, discharge, and case closure policy described in the <i>Patient &amp; Client Bill of Rights</i> document. (Refer to Section 2).

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**RYAN WHITE PART A SERVICE CATEGORIES**

Ryan White HIV/AIDS Program Part A provides assistance to jurisdictions that are most severely impacted by the HIV epidemic. Part A funds must be used to provide core medical and support services for people living with HIV.

Core medical services include the following categories:

- AIDS Drug Assistance Program
- AIDS pharmaceutical assistance
- Early intervention services
- Health insurance premium and cost sharing assistance for low-income individuals
- Home and community-based health services
- Home health care
- Hospice services
- Medical case management, including treatment-adherence services
- Medical nutrition therapy
- Mental health services
- Oral health
- Outpatient and ambulatory medical care
- Substance abuse outpatient care

Support services include the following categories:

- Case Management (Non-Medical)
- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing Services
- Legal Services
- Linguistic Services
- Medical Transportation
- Outreach Services
- Psychosocial Support Services
- Referral
- Rehabilitation
- Respite Care
- Substance Abuse Residential
- Treatment Adherence Counseling

**PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES**

The purpose of this Patient and Client Bill of Rights is to help enable clients act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and Responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment or support services for HIV/AIDS, you have the right to:

**A. Respectful Treatment**

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and State laws.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care services.
6. Receive services that are culturally and linguistically appropriate, including having a full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).
8. When special needs arise, extended visiting hours by family, partner, or friends during inpatient treatment, recognizing that there may be limits imposed for valid reasons by the hospital, hospice or other inpatient institution.

**B. Competent, High-Quality Care**

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or other care services.

**C. Make Treatment Decisions**

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.

2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at the agency or institution for resolving misunderstandings, making complaints or filing grievances.
9. Receive a response to a complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

#### **D. Confidentiality and Privacy**

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. (Your agency will ask you to acknowledge receipt of this document.)
2. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. (Your physician has the right to accept or refuse your request with an explanation.)

#### **E. Billing Information and Assistance**

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

#### **F. Patient/Client Responsibilities**



In order to help your provider give you and other clients the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. Refrain from the use of profanity or abusive or hostile language; threats, violence or intimidations; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct.
10. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already known to you if you see them elsewhere.

### **For More Help or Information**

Your first step in getting more information or involving any complaints or grievances should be to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve any problem in a reasonable time span, or if serious concerns or issues that arise that you feel you need to speak about with someone outside the agency, you may call the number below for confidential, independent information and assistance.

For patient complaints/grievances call (800) 260-8787  
8:00 am – 5:00 pm  
Monday – Friday