

## Client/Patient Rights and Responsibilities

Christian Community Health Center (CCHC) is committed to providing you with services in a manner that affirms your dignity, value, and worth as an individual. CCHC expects the client/patient-employee relationship to be professional at all times. Therefore, clients/patients are prohibited from the following in their interactions with CCHC employees: a) engaging in personal relationships with employees; b) offering or receiving gifts (cash/monetary or non-monetary), c) providing or receiving personal services (ie, cleaning, food, etc); or, d) offering or receiving other favors, to/from employees. Additionally, we want to ensure that you are aware of and understand your rights and responsibilities as a client/patient, consumer and participant of CCHC services.

### **Client/Patient Rights**

As a /client/patient of CCHC, you have the following rights within the required guidelines, regulations and laws:

- To have services provided in a manner that affirms your dignity, value and worth; to receive respect for your cultural, social, spiritual and personal values and beliefs
- To be free from abuse, humiliation, financial or other exploitation and neglect and to receive services in the least restrictive setting
- To have access to and receive services offered and available through CCHC without discrimination in regard to: race, ethnicity, age, gender identity, religion, national origin, medical condition, physical or mental disability, ancestry, marital status, sexual orientation, income/financial status or regardless of their ability to pay, ability to speak English or HIV/AIDS status (if applicable)
- To not be denied admission to, denied assistance under, terminated from participation in, or evicted from housing on the basis or as a direct result of the fact that the applicant or tenant/participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy as specified in the Final Rule of the Violence Against Women Act (VAWA)- (81 Fed. Reg. 80724)
- To ask for special arrangements if you have a disability
- To refuse services and have disadvantages of not receiving services, if any, explained to you
- To know the name of who is treating/serving you; To receive effective communication in a manner you understand
- The confidentiality of HIV/AIDS status and testing and anonymous testing as specified in Illinois State Rule 2060.312; and other federal/state/local regulations, as applicable
- The right to nondiscriminatory access to services as specified in the American's with Disabilities Act of 1990 (42 USC 12101)
- To provide or refuse informed consent to release and/or obtain your confidential information
- To have your protected health information (PHI) including your chart/file/record treated in a confidential manner; and to be informed if your PHI is ever breached (HIPAA 45 CFR 164.520)
- To review and access information in your chart/file/record
- To participate in your treatment, care/case management planning, review and service determination
- To receive alternate services from other organizations
- To appeal or file a grievance if you disagree with an organization decision or policy; to be made aware of and have access to CCHC's Client/Patient Grievance Policy and Procedure without jeopardizing your services and care
- To participate in approved services; and said services shall not be denied, suspended, terminated or limited for exercising any of your rights

### **Client/Patient Responsibilities**

As a CCHC client, patient or participant, I have the responsibility to treat the staff, volunteers, interns/externs, consultants/contractors, other clients/patients/participants, guests/visitors and associates/affiliates of CCHC with respect and dignity at all times. I am expected to behave in a manner that promotes the safety and confidentiality of others. The following behaviors are inappropriate and may result in my immediate termination of services at CCHC if I violate any of the following while on, in or surrounding CCHC property (this includes CCHC vehicles) This includes, but is not limited to:

- Physical or verbal violent, threatening or harassing actions or behavior in person, by phone or in writing (this includes: letters/correspondence, texts, email, electronic portal, mail or social media avenues) toward other CCHC program clients/patients, staff or other individuals related to the services/programming you receive from CCHC
- Videotaping or audiotaping on or within CCHC property and premises is strictly prohibited
- Repeated rude or disruptive behavior
- Financial misuse, abuse or fraud
- Falsification of your demographic and/or health information (PHI), including but not limited to: name, address, phone number, financial/income status, insurance, social security #, household composition or living arrangements, and date of birth
- Making a false claim against another client/patient/participant, staff member or other CCHC affiliate
- Bringing alcohol or illegal drugs on CCHC's premises/property; or using alcohol or illegal drugs during CCHC services
- Possessing, storing, carrying, or using any firearm or weapon on CCHC property or in any CCHC vehicle, even if you have a valid federal or state license to possess or carry a firearm
- Arriving at appointments and services intoxicated or under the influence of illegal drugs
- Violating the confidentiality of other clients/patients/participants, staff or CCHC visitor/guest
- Theft, attempted theft, or destruction of CCHC property or on CCHC premises; theft, attempted theft or destruction of another CCHC patient, client, staff member or guest property on CCHC property/premises

*Additionally, please be advised that police, law enforcement and/or legal authorities may be contacted for any of the above infractions or serious matters involving illegal activity or breaking the law.*

Additionally, as a client/patient, I have the responsibility to provide updated accurate and complete information to CCHC for the purposes of registration, intake, billing and service/treatment planning. Furthermore, I have the responsibility:

- To participate in the development of my treatment/service/care plan goals and actively work toward accomplishing my goals; to ask questions about my care/treatment
- To participate in regular goal/plan evaluation, reassessment and revision
- To use medications and medical devices prescribed by my provider, as applicable
- To be compliant with the service/care/treatment plan recommendations by my provider/staff
- To complete all required forms and documents for the services/care provided
- To immediately inform CCHC staff of any changes that might affect my services including, but not limited to: contact information, emergency contact/back up contact, financial status/income and insurance changes
- To adhere to all CCHC program, service and care/treatment guidelines, regulations, policies, procedures and requirements
- To communicate with my assigned case/care manager, care team member or other staff member as agreed upon regarding any questions or problems with your care/treatment
- To assume financial responsibility for all services rendered (as applicable); to pay my bills on time
- To keep scheduled appointments or visits; to cancel an appointment/visit (within 24 hours) and reschedule in a timely manner when the appointment/visit cannot be kept
- To be respectful of the rights, property and confidentiality of CCHC, clients/patients, employees and others
- To provide CCHC with a copy of my living will or durable power of attorney for healthcare matters, as applicable

My signature below indicates that I understand CCHC's Client/Patient Rights and Responsibilities. I have read these Rights and Responsibilities or they were read and/or explained to me in a method of communication that I understand. I have received a copy of these Rights and Responsibilities, they have been offered to me, and/or they are accessible to me. By signing below, I agree to adhere to and operate within these Rights and Responsibilities.

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**Client/Patient/Legal Representative Signature**

**Date**

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**Staff Signature**

**Date**

**\* This document will expire one year from the above date**

**\*\*A copy of my signature document will be retained within my chart/record**