

GPS – Guide to Personal Solutions

913 W. Holmes Road Suite 143
Lansing, MI 48910

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have

a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime,

in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 913 W Holmes Rd Suite 143 Lansing MI 48910.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge

a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 913 W. Holmes Road Suite 143 Lansing, MI 48910 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is September 2013.

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Consent to Treatment

You have decided to embark on a powerful journey known as psychotherapy, a decision of strength and courage... Know that we consider the psychotherapeutic relationship to be one of sacred trust. This letter serves to inform you about the therapeutic process, give you some information and answer questions about the professional relationship between therapist and clients.

Psychotherapy cannot insure the successful resolution of the issues you bring to it. Human beings are far too complex and life is too uncertain. However, it is our experience as therapists that most people can gain some value from the therapeutic process. Know that as we journey together new, often unforeseen destinations may appear. The therapeutic process may not only affect you, but also relationships, work and other areas of life. There are alternatives and many adjuncts to psychotherapy. These include, but are not limited to, medications, support groups and complimentary modalities. I will be happy to discuss any alternatives you want to consider at any time.

We have a number of client expectations about the professional relationship we embark on with each client. We expect you to keep your appointments. Please remember that someone else may want this time. Please give our other clients, their obligations, relations and your therapist the courtesy of a 24 hour notice if you must cancel an appointment; otherwise, you will be charged for this time. We always consider broken appointments individually and understand that emergencies do arise. Insurance will not pay for broken appointments.

Our current fee is \$130 per session. *We do have a sliding scale depending on your household income.* Payment for your session is due at the time of service. We accept cash, personal checks, and credit cards. We work with a number of insurance companies via managed care contracts and we are responsible for filing claims for our services; **you must pay your copay at the time services are rendered.** There are no exceptions. Other insurance plans (out of network) are accepted but you may be required to pay the difference. Payment arrangements are discussed during your initial session.

We do not charge for customary insurance filing. Telephone consults are also billed at regular rates. The first 5 minutes we consider a professional courtesy to our relationship; thereafter, the time is billed at regular rates to the nearest quarter hour. Sessions are 45 to 50 minutes in length. Our therapist take a few minutes of an hour between clients to relax, let go of the last session and prepare for the next one.

Our appointment times are generally on the hour from 9 AM to 7 PM. We do make earlier and later appointments but these are reserved for long standing clients. Your therapist will schedule your next appointment at the end of each session. We are in the office Monday through Thursday. You may reach us via telephone/voicemail during regular office hours. As our therapists are in session most of the day, they do often check voice mail and return messages several times a day. If your call is non-urgent, we will respond as soon as possible. Calls left for me after 5 PM will be returned the following business day at the earliest.

If you are in a life and death emergency situation dial 911 for assistance or go immediately to your local emergency department. Clinton Eaton and Ingham County Community Mental Health Emergency Services are at:

Community Mental Health Building
812 E. Jolly Road, Lansing, MI 48910
Telephone: (517) 346-8460
Toll free: (800) 372-84600
Hearing Impaired: (800) 649-3777

Although the client-therapist sessions will be intimate psychologically, it is important for you to understand that the client-therapist relationship is professional and not social. All contact will be limited to sessions you arrange with your therapist. Sessions are usually held in one of our offices. If you should encounter your therapist outside of the office, the therapist will speak with you only if you initiate the contact; this allows you to maintain the privacy of your psychotherapeutic relationship. Please do not invite your therapist to social gatherings (including, but not limited to, parties, weddings, business meetings, etc.), offer gifts, or ask them to relate to you in any way other than the professional context of our therapy sessions. Although this may seem artificial and/or awkward, it is the best way to promote a good psychotherapeutic relationship.

Your sessions should focus on your concerns exclusively. You will learn a great deal about your therapist the longer you work together; our therapist may occasionally share experiences and struggles with some regularity as models for clients. Nonetheless, you will still be experiencing the therapist in a professional role solely. Our therapist will keep confidential anything you say with the following exceptions: a) you direct the therapist to speak about you with someone, b) The therapist determines that you are a danger to yourself or others, or c) there is evidence of child or elder abuse. In the event of the latter two exceptions, the therapist will contact family, friends, DFCS and/or law enforcement authorities to attempt to prevent harm from coming to anyone.

Our therapists attend peer consultation with colleagues weekly. They may discuss the work occurring in your session in these sessions while maintaining your anonymity.

Our therapists use an eclectic approach to therapy, meaning that they utilize a variety of therapeutic models. Our therapist work diligently to use what is most helpful for each individual rather than take any one approach exclusively. We hope this information is helpful to you. If at any time during your relationship your therapist, you have any questions please feel free to ask.

I do hereby seek and consent to take part in the treatment provided by this agency. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I (or my child) may stop treatment with this therapist at any time. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I am aware that an agent of my insurance company or other third-party may be given information about the type (s), cost (s), and providers of any services I receive. I understand that if payment for the services I receive here is not made, the therapist may stop treatment. My signature below shows that I understand and agree with all of these statements. I have been given the opportunity to ask questions regarding this information.

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Social Media Policies

This document outlines our office policies related to use of Social Media. Please read it to understand how we conduct ourselves on the Internet as a mental health professionals and how you can expect us to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, we encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when we need to update this policy. If we do so, we will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

Friending

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Fanning

Our agency and some of our therapists keep a Facebook Page for their professional practice to allow people to share blog posts, articles and practice updates with other Facebook users

You are welcome to view any of our Facebook Professional Pages and read or share articles posted there, however we warn clients against becoming Fans of these Pages. We believe having clients as Facebook Fans creates a greater likelihood of compromised client confidentiality and we feel it is best to inform you that Fanning our agency or therapist pages may link you with our agency or therapists.

Note that you should be able to subscribe to the page via RSS without becoming a Fan and without creating a visible, public link to our Page. You are more than welcome to do this.

Following

The agency or therapists currently do not publish blogs or articles, however from time to time we may publish a blog on our website or post on psychology news on Twitter. we have no expectation that you as a client will want to follow our blog or Twitter stream. However, if you use an easily recognizable name on Twitter and I happen to notice that you've followed us there, we may briefly discuss it and its potential impact on our working relationship.

Our primary concern is your privacy. If you share this concern, there are more private ways to follow therapists on Twitter (such as using an RSS feed or a locked Twitter list), which would eliminate you having a public link to our content. You are welcome to use your own discretion in choosing whether to follow us or not.

Note that our agency and/or therapists will not follow you back. We only follow other health professionals on Twitter and we do not follow current or former clients on blogs or Twitter. Our reasoning is that we believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy our personal curiosity. *In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship.* If there are things from your online life that you wish to share with us, please bring them into our sessions where we can view and explore them together, during the therapy hour.

Interacting

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact our agency or therapists. These sites are not secure and we may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with us in public online if we have an already established client/therapist relationship. Engaging with us this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact the agency or therapists between sessions, the best way to do so is by phone. Direct email at our listed email accounts is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Use of Search Engines

It is NOT a regular part of our agency policy or therapist's practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If we have a reason to suspect that you are in danger and you have not been in touch with us via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to such means, we will fully document it and discuss it with you when we next meet.

Google Reader

We do not follow current or former clients on Google Reader and we do not use Google Reader to share articles. If there are things you want to share with our agency or therapists that you feel is relevant to your treatment whether they are news items or things you have created, we encourage you to bring these items of interest into our sessions.

Business Review Sites

You may find our agency or therapists on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you

should find our agency or therapist's listing on any of these sites, please know that our listings are NOT a request for a testimonial, rating, or endorsement from you as our client.

It is NOT our policy to solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances or the nature of the therapist/client relationship may be vulnerable to undue influence.

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative. *We urge you to take your own privacy as seriously as we take our commitment of confidentiality to you.* You should also be aware that if you are using these sites to communicate indirectly with us about your feelings about our work, there is a good possibility that we may never see it.

If we are working together, we hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in services with our agency or therapists wherever and with whomever you like. Confidentiality means that we cannot tell people that you are our client and our Ethics Code prohibits us from requesting testimonials. But you are more than welcome to tell anyone you wish that we are your servicing agency or therapist or how you feel about the treatment we have provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. We urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel our agency or a therapist has done something harmful or unethical and you do not feel comfortable discussing it with our HIPAA contact, you can always contact Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201.

Location-Based Services

If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. We do not place our agency as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at our office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from our agency or if you have a passive LBS app enabled on your phone.

Email

We prefer using email with clients only to arrange or modify appointments. Please do not email us any content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with us by email, be aware that *all emails are retained in the logs of your and our Internet service providers.* While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails we receive from you and any responses that we send to you become a part of your legal record.

Our agency does utilize secure and encrypted email to correspond with clients and/or other providers, however we include minimal client identifying information in the correspondence such as client initials and birth year.

Conclusion

Thank you for taking the time to review our Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to our attention so that we can discuss them.

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CLIENT RIGHTS AND RESPONSIBILITIES

As a client of GPS – Guide to Personal Solutions, you have the right:

- to dignified, respectful, considerate care,
- to receive prompt services to meet your individual needs,
- to have the services you will receive explained to you in a language you understand,
- to know how much the services will cost you and how much you must pay,
- to take part in developing your service plan or treatment plan and to participate in making changes in these plans,
- to have all information about you kept confidential unless the law or a court requires the organization to release it or you give written permission to release information,
- to have access to your written records according to organization policies and procedures,
- to a grievance procedure if you have a complaint regarding a service outcome or manner of treatment,
- to refuse medication, service, or treatment unless law or court order has limited this right, and to be informed of the consequences of refusal and the organization's ability to deliver service,
- to refuse to be involved in research, filming, or taping without your written consent,
- to receive services regardless of your religion, and
- to all civil rights guaranteed by state and federal law.

As a client you are responsible:

- to provide clear and accurate information about yourself and to inform you're the agency and/or therapist if your address, income or other circumstances change,
- to come to your appointments or to call at least 24 hours in advance if you cannot make an appointment,
- to follow the rules of the program,
- to participate in the planning of your treatment or services,
- to ask questions if you do not understand information or instructions about your services and what you are expected to do,
- to pay the fees charged for your services, if there is a fee, and to make arrangements with your insurance company if there is insurance coverage for the services, and
- to be considerate of the rights of others, including other clients, staff, and volunteers.

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Client Grievance Procedure

If you feel you have not been fairly treated, or have been dissatisfied with decisions concerning your service, or program staff has violated your right to confidentiality, you have the right to fair and prompt consideration of your concern or grievance. A grievance is an expression of dissatisfaction or discomfort with a service outcome or manner of treatment.

GPS Guide to Personal Solutions has a two stage process to address your concern. Stage I is the information grievance procedure during which your concern is presented verbally within the program from which you are receiving services. Stage II is the formal grievance process during which a written grievance procedure will be implemented if you feel your concern has not been satisfactorily resolved during the Stage I process. You must express your concern in writing on the proper form and only after Stage I was completed.

STAGE I – INFORMAL

You should first meet with the service provider within five business days of expressing your concern. If you are unable to resolve your concern, you may meet with the service provider and supervisor within five business days of your previous meeting. You may continue to meet with the service provider and with each successive supervisor level, meaning the program director and then the vice president, within five days of contacting them if you are unable to resolve your concern.

STAGE II – FORMAL

The President will contact you to discuss your concern on the telephone or arrange a meeting if you prefer. You will receive a written response within ten business days of the president receiving your written grievance. The organization's grievance process is completed with the President's response in completed.

WHAT YOU CAN DO:

Talk to your program rights advisor. Maybe together you can find a simple solution to your complaint.

If that doesn't work, you can fill out a formal complaint. Your rights advisor has complaint forms.

After you give your complaint to your rights advisor, the complaint will be investigated. You will get a written answer to your complaint within 30 working days.

If you don't accept the written answer to your complaint, you have 15 working days to file an appeal to the regional rights consultant. Your rights advisor will provide you with appeal forms or you can send for one by writing to the address on the back of this brochure.

Within 30 working days, the regional rights consultant will give you a written answer to your appeal.

If you don't agree with the written answer to your appeal, you can file another appeal to the state rights coordinator.

YOUR PROGRAM RIGHTS ADVISOR

Name

Robert Clark

Phone

517-667-0061

For additional information or to obtain forms to initiate a complaint, contact your local Substance Abuse Coordinating Agency at:

*Michigan Department
of Community Health*



MDCH is an Equal Opportunity Employer, Services and Programs Provider.
Revised 1/07

know your RIGHTS

YOUR RIGHTS

We are dedicated to providing you with quality services. We also believe that as someone who is receiving services from our program, you should know your rights. You should know how to make a complaint if you believe any of your rights have been violated.

YOU HAVE THE RIGHT TO KNOW:

- How much our services cost, and how much you must pay
- When violation of program rules could lead to your discharge
- All about any drugs that are used in your treatment
- If you, or information about you, will be used in any research or experiments

YOU HAVE THE RIGHT TO:

- All civil rights guaranteed by state and federal law
- Suggest changes in our services
- Expect us to look into your complaints
- Help make up your own treatment plan
- Refuse our services and be told what will happen if you do
- Talk with your own doctor or lawyer
- Obtain a copy or summary of your client record unless the program director recommends otherwise

YOU HAVE THE RIGHT TO EXPECT THAT PROGRAM STAFF WILL NOT:

- Abuse and neglect you
- Give out information about you without your permission
- Require you to be part of any research if you don't want to

AND:

If you are in a hospital, halfway house, or other live-in setting, you have some additional rights.

All of these rights have some special limits. Check with your program rights advisor for further details. These additional rights include the right to:

- Know all the rules about having visitors
- Not be restrained - physically or by drugs, unless authorized by a physician
- Refuse to do work for us unless the work is part of your treatment plan
- Have space to put your personal belongings
- Keep your own money

If you want to know more about your rights, please read the recipient rights poster in the lobby or ask the program rights advisor for a more complete list of your rights.

YOUR RESPONSIBILITIES:

- You are responsible for payment of your bill.
- You are responsible for knowing if your insurance company will pay for part or all of your bill.
- You are responsible for providing clear and accurate information about yourself.
- You are responsible for following rules of our program.
- You are responsible for being considerate of the rights of others who are recipients of services or our staff.

YOU AND YOUR RIGHTS ADVISOR

If you think your rights have been violated at our program, please talk to your rights advisor. This person is interested in listening to your complaint and helping you find a solution.

Your rights advisor's name and phone number are on the back of this brochure. Please contact your rights advisor if you believe your rights have been violated.