Headquarters: 499 Loma Alta Avenue, Los Gatos, CA 95030
Phone (408) 379-3790 Fax (408) 364-4013 www.pacificclinics.org

CLIENT RIGHTS AND RESPONSIBILITIES

Each Client of Pacific Clinics ("Agency") has the right to:

1) Receive considerate and respectful care and to be treated with respect, dignity, and concern.

2) Receive services, which are sensitive to their age, gender identity, gender expression, race, cultural orientation, psychological characteristics, sexual orientation, physical health, marital status, and spiritual beliefs.

3) Be accorded safe, healthy, and comfortable accommodations to meet their needs.

4) Receive services in the client's preferred language and if requested, be provided with an interpreter at no cost.

5) Reasonably expect complete and current information concerning diagnosis, treatment, and prognosis in terms that can be understood.

6) Know by name and specialty, if any, the service provider responsible for coordination of services.

7) Every consideration of privacy and individuality as it relates to social, religious, or psychological well-being.

8) Reasonably expect the Agency to act responsibly to protect client/visitor privacy when video cameras are employed in public areas for purposes of safety and security (excluding private areas protected by law). Images obtained from cameras deployed for these purposes are not considered Protected Health Information ("PHI").

9) Expect that case discussion, consultation, examination, treatment, and services are confidential and will be conducted discreetly.

10) Know how health information is maintained and used. The Agency keeps a record of each client's services, which contains Protected Health Information ("PHI"). All PHI is considered confidential and is maintained and used according to state and federal laws (HIPAA and Title 42, Code of Federal Regulations, Part 2).

11) Receive a copy of the Agency "Notice of Information and Privacy Practices" which is intended to meet the requirements as set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

12) Request an accounting of certain disclosures, request an amendment of PHI, and request alternative means of communication, as specified in the "Notice of Information and Privacy Practices".

13) Have the Agency reasonably respond to requests.

14) Obtain information about the relationship between the Agency and other health care and/or related institutions regarding their collaboration with respect to their care.

15) Reasonable continuity of care. This shall include, but not be limited to, information about their appointment times and when services are available.

16) Be fully informed of the Agency's continuum of services (applicants for services also have this right).

17) The right to take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.

18) Have an opportunity to participate in the planning of treatment and care.

19) Refuse to participate in any outcome evaluation or observational study.

20) Assistance and encouragement throughout services to understand and exercise their rights as a client (and as a citizen). To this end, clients may voice grievances and recommend changes in policies and services to Agency staff and outside representatives of choice – free from restraint, interference, coercion, disaffirmation, or reprisal. Each client shall be made aware of the Agency's Grievance Procedure and any county complaint and grievance process.

21) The right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior. Each client shall be free from therapeutic holds, except in emergencies, when it is necessary to protect them from injury to themselves or others. An emergency is defined as a situation in which action to impose treatment over a client's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the client or others, and it is impracticable to first gain consent.

22) Be free from performing services for the Agency that is not included for therapeutic purposes in the plan of care/treatment plan/care plan.

23) Be fully informed of the rights and responsibilities set forth in this document, as well as other rules governing client conduct and responsibilities.

24) For clients in Foster Care services with Pacific Clinics, please also see the Personal Rights form (LIC 613B) which lists rights of children and nonminor dependents in foster care as outlined in Welfare and Institutions Code section 16001.9(a), California Code of Regulations, Title 22, Division 6, and Interim Licensing Standards.

"Good Cause" for denying a right exists when Agency staff has a good reason to believe that:

1) Allowing a client to exercise the right would be injurious to the client;
2) There is evidence that the specific right, if exercised, would seriously infringe on the rights of others; **or**
3) The Agency would suffer serious damage if the specific right is not denied; **and**
4) There is no less restrictive way of ensuring that the client will not be injured, or the rights of others will not be infringed upon, or that the facility will not suffer serious damage.

Each client has a responsibility to:

1) Participate in treatment planning.
2) Come to sessions in an alcohol and drug-free condition.
3) Pay any fees that they have agreed to pay.
4) Respect the privacy of other clients of the Agency.
5) Attend all appointments or give adequate prior notice of cancellation.
6) Be familiar with their rights, responsibilities, and treatment.
7) Provide accurate information about the client and family that is relevant to treatment/services.
8) Comply with the rules of the specific program to which the client is assigned.
9) Treat other clients and Agency staff respectfully.

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YOUR RIGHTS TO FILE A COMPLAINT OR GRIEVANCE

Pacific Clinics ("Agency") believes the most effective form of care for clients is based in the community, using strengths and needs to define and individualize service. The Agency believes clients should have the greatest possible access to services, as well as maximum voice and choice in planning, carrying out and evaluating those services.

Your Rights

If you are not satisfied with the services you receive at Pacific Clinics, how you or your family were treated, feel you or someone else was discriminated against based on age, race, color or national origin, gender, religion, political affiliation, sexual orientation, disability, marital status, military or veteran status, or status as a victim of domestic violence, assault, or stalking, or you have a complaint on how we used your Protected Health Information ("PHI") you have a right to file a complaint or grievance.

You also have the right to receive services in your preferred language and if needed, have an interpreter made available to you at no cost. You can file a complaint or grievance at any time either verbally or in writing. If you wish, you can have someone call or write on your behalf. You will not be subject to discrimination, retaliation, or any other penalty for filing a complaint or grievance. Filing a complaint or grievance has no bearing on your right to request a State Fair Hearing.

Pacific Clinics encourages you to discuss your complaint(s) directly with your Agency service provider or an Agency program representative whenever possible, for resolution. However, if this process is not successful, or if you prefer to do so, you may have your complaint or grievance addressed through a formal process.

You may file a formal complaint or grievance by completing an Agency Client and Family Grievance Form available in the lobby at all Agency locations. Mail your completed form to the address provided below. If you believe you have a civil rights grievance, please contact our Civil Rights Officer at (408) 364-4005 or visit our website at www.pacificclinics.org for more information.

Confidentiality

Pacific Clinics assures you that your complaint or grievance will be kept confidential and will only be discussed with those people who are directly involved in the matter.

Who to Contact

If you have questions about your rights or how to file a complaint or grievance, ask your Agency service provider or you may contact our Compliance or Civil Rights Officer at (408) 364-4005.You may also choose to file a complaint or grievance with county, state, federal and/or oversight entities depending on which program is providing services to you. Please contact the Compliance or Civil Rights Officer for more information.

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Client ID#: _____Admit: _____
Name: _____
DOB: _____
Program: _____
County ID: _____

Complete or place Client ID Label
▲ Staff Only ▲

NOTICE OF CLIENT RIGHTS AND RESPONSIBILITIES AND GRIEVANCE PROCESS ACKNOWLEDGMENT OF RECEIPT

Please complete the following acknowledgment ONLY upon satisfactory and full disclosure of:

1) Information regarding your rights and responsibilities as a client of Pacific Clinics ("Agency")
2) Information regarding the Agency's Grievance Process

By signing below, I acknowledge that I have been advised of and have received a copy of the Agency's "Client Rights and Responsibilities" per Title 22 of the California Code of Regulations, and information regarding the Agency's Grievance Process. I have read and fully understand the above and have had the opportunity to ask any questions that I have and have had my questions answered.

_____	_____
Printed Name of Client	Client Date of Birth
_____	_____
Signature of Client	Date
_____	_____
Printed Name of Legal Guardian, if applicable	Relationship to Client
_____	_____
Signature of Legal Guardian, if applicable	Date