

Client Personal Rights and Complaint Information for AOD Certified/Licensed Programs

Your Personal Rights at an AOD Certified Program

In accordance with Alcohol and/or Other Drug (AOD) Program Certification Standards, the Client Personal Rights include, but are not limited to, the following:

- The right to confidentiality as provided for in HIPAA and Title 42, Code of Federal Regulations, part 2.
- The right to be accorded dignity in contact with staff, volunteers, board members, and other individuals.
- The right to be accorded safe, healthful and comfortable accommodations to meet his or her needs.
- The right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
- The right to be informed by the program of the procedures to file a grievance or appeal discharge.
- The right to be free from discrimination based on ethnic group identification, religion, age, gender, race, sexual orientation, disability, or the inability to pay for treatment.
- The right to be accorded access to his or her file.
- The right to take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.
- The right to attend religious service or activities of their choice and to visits from a spiritual advisor provided that these services or activities do not conflict with facility program requirements. Participation in religious services shall be voluntary only.

Please note: If you are a **Medi-Cal beneficiary**, you are entitled to additional rights. To review these rights, please refer to the **Drug Medi-Cal Organized Delivery System Beneficiary Handbook** offered to you at the time of admission to the program.

Complaints

If you have concerns or feedback about the services you have received, this information can be communicated by any of the following:

- **Sharing directly with your counselor or the program.** We strongly believe this is the best way to express your concerns. Program staff is here to address your needs and to listen to you. If you are not comfortable talking with your counselor about a concern, you can ask to talk to the Program Manager.
- **Contacting the County's contracted advocacy organizations for grievance/appeal:**
 - For Residential Programs: Jewish Family Services 800-479-2233

- For Outpatient Programs and Opioid Treatment Providers (OTPs): Consumer Center for Health Education and Advocacy (CCEA) 877-734-3258
- Providers shall have posters, brochures, and self-addressed stamped envelopes with grievance/appeal forms. These materials shall be displayed in a prominent public place.
- **Contacting the California Department of Health Care Services (DHCS) directly.** If you wish to file a complaint about a licensed, certified AOD drug service provider OR a registered or certified counselor you can do so via mail, fax or by using the Department of Health Care Services' (DHCS) online complaint form.
 - To mail or fax a complaint, contact:

Department of Health Care Services
Substance Use Disorder Services
PO Box 997413; MS# 2601
Sacramento, CA 95899-7413
Fax number: (916) 440-5094
Email: sudcomplaints@dhcs.ca.gov
 - To complete the DHCS online complaint form, use this link:
<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>
 - Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may also be made by telephoning the appropriate licensing branch listed below:

SUD Compliance Division:
Toll Free Number: (877) 685-8333

You will not be subject to any discrimination, penalty, sanction or restriction for expressing a complaint by any of the above methods.

Advance Directive

You have the right to have an advance directive. An advance directive is written instruction about your health care that is recognized under California law. It includes information that states how you would like health care provided or says what decisions you would like to be made, if or when you are unable to speak for yourself. You have the right to provide advance directive instructions to all of your health care providers. You also have the right to change or cancel your advance directive at any time.

If you have a question about California law regarding advance directive requirements, you may send a letter to:
California Department of Justice Attn: Public Inquiry Unit,
P. O. Box 944255
Sacramento, CA 94244-2550

☐ You were offered a copy of the Advance Directive Brochure

Do you have an executed Advance Directive? ☐ Yes ☐ No ☐ Do not wish to disclose

(Program Staff: If client provided an Advance Directive, AD shall be attached to this form and placed in client's file.

Open Payments Database Physician's Notice To Clients

As required by State Assembly Bill AB1278, physicians are required to provide the following notice to patients regarding the Open Payments Database which is managed by the U.S. Centers for Medicare and Medicaid Services (CMS):

"The Open Payments Database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>"

Additional information or questions can be directed to the web address noted above.

Acknowledgement

I have been personally advised and have received a copy of my personal rights and complaint information at the time of my admission to:

(Program Name)

(Client's Printed Name)

(Client's Signature)

(Date)

For Staff Use Only

A copy of this notice has been provided to the client ☐

A copy shall be maintained as part of client's record ☐

A copy shall be retained by Program ☐