

## **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:

- (1) To confidentiality as provided for in Title 42 Chapter I, Subchapter A, Part 2 Sections 2.1 through 2.67, Code of Federal Regulations.
- (2) To be accorded dignity in personal relationships with staff and other persons.
- (3) To be accorded safe, healthy, and comfortable accommodations to meet their needs.
- (4) To be free from intellectual, emotional, verbal and/or physical abuse, exploitation, prejudice, or inappropriate sexual behavior.
- (5) To be informed by the program of the provisions of law regarding complaints including but not limited to the address and phone number of the Department.
- (6) To be afforded access to emergency medical or dental care.
- (7) To be free from discrimination based on race, color, ancestry, national origin, religion, creed, age, disability, sex, sexual orientation, gender identity or expression, marital status, medical condition, or military or veteran status.
- (8) To be afforded access to their client records.
- (9) To be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs.
- (10) To be informed by the treatment provider of all the aspects of treatment recommended to the client, including the option of no treatment, risks of treatment, and expected result or results.
- (11) To be treated by treatment providers with qualified staff.
- (12) To receive evidence-based treatment.
- (13) To be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and when the treatment provider is authorized to treat co-occurring conditions.
- (14) To receive an individualized, outcome-driven treatment plan or progress notes.
- (15) To remain in treatment for as long as the treatment provider is authorized to treat the client.

(16) To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services.

(17) To receive care in a treatment setting that is safe and ethical.

(18) To be free from mental and physical abuse, exploitation, coercion, and physical restraint.

(19) To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights was given.

(20) To receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification

**These standards adopted in accordance with Section 11832, as applicable.**

**(b) All clients shall be personally advised of, and given at admission, a copy of the rights specified in subsection (a)(1) through (20).**

**(c) The program shall post a copy of the client rights in a location visible to all clients and the public.**

**(d) Any program conducting research using clients as subjects shall comply with all standards of the California Research Advisory Panel and the federal regulations for protection of human subjects (Part 46 of Title 45 of the Code of Federal Regulations).**

**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 (CCHEA) 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
  - 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)**

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**(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