

Client Rights & Responsibilities

Rights

- You have the **RIGHT** to receive services without discrimination based on race, color, religion, creed, national origin, gender, gender-identity and expression, sexual orientation, age, disability, HIV status, genetic information, political affiliation, marital status, union activity, military, veteran, and economic status. Any and all discrimination should be reported immediately to any staff for immediate resolution.
- You have the **RIGHT** to be informed of reasons for the denial or discontinuation of services.
- You have the **RIGHT** to include persons of support in your medical care and appointments. A source of support may include a spouse, family member, friend, or other trusted individual.
- You have the **RIGHT** to receive services in the least restrictive and feasible environment, which includes a right to communication services if necessary.
- You have the **RIGHT** to receive accurate referrals, needed support, and information from Equitas Health staff.
- You have the **RIGHT** to be informed of your condition.
- You have the **RIGHT** to receive assistance based on need, requirements, and availability of services.
- You have the **RIGHT** to be informed of, and to refuse any, unusual or hazardous treatment procedures.
- You have the **RIGHT** to freedom from physical restraint.
- You have the **RIGHT** to feel safe when at Equitas Health and with Equitas Health staff.
- You have the **RIGHT** to be informed of all client rights and to receive a copy of the Client Rights and Responsibilities.
- You have the **RIGHT** to exercise your rights without reprisal.
- You have the right to consult with an independent treatment specialist or legal counsel at your own expense.
- You have the **RIGHT** to receive respectful treatment from Equitas Health staff with consideration given to personal dignity, autonomy, and privacy.
- You have the **RIGHT** to access your records and personal identifying information kept confidential within the limitations and requirements for disclosure of client information under state and Federal laws and regulations.
- You have the **RIGHT** to be advised of and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television broadcasting, movies, and/or photographs.
- You have the **RIGHT** to receive assistance getting your Primary, HIV, Pharmacy, Housing, Sexual Health Education, Case Management, and Mental Health Care needs met at Equitas Health, and to participate in the development and review of your treatment/service plan, and obtain a copy of the plan.
- You have the **RIGHT** to be informed as to the composition of your service delivery team.
- You have the **RIGHT** to receive information regarding services and treatment given by Equitas Health staff.
- You have the **RIGHT** to receive oral and written instructions on the Equitas Health grievance procedure and present your grievances relating to Equitas Health.
- You have the **RIGHT** to know the cost of services provided by Equitas Health and to request financial assistance if it is needed.
- You have the **RIGHT** to be free from financial or other exploitation, retaliation, humiliation, and neglect.
- You have the **RIGHT** to file a grievance in accordance with program procedures.
- You have the **RIGHT** to timely, adequate care in a crisis or emergency. Please contact 911 if you are having a medical emergency.

Responsibilities

- You have the **RESPONSIBILITY** to follow up on other resources to cover health-related needs not addressed by Equitas Health.
- You have the **RESPONSIBILITY** to provide accurate and complete information about present and past illnesses, hospitalizations, medications, and other matters related to your health and support system, as well as report changes in your health, finances, and benefit eligibility.
- You have the **RESPONSIBILITY** to keep staff updated with your address, phone numbers, income, and insurance status (including Medicaid/Medicare).
- You have the **RESPONSIBILITY** to practice healthy habits and never knowingly spread diseases.
- You have the **RESPONSIBILITY** to keep scheduled appointments with your primary Equitas Health staff member and, and when necessary, update your paperwork at least every six months. Clients in Case Management must update the following paperwork every 6 months before assistance can be given: Authorization/Release of Information, Individual Service Plan, Ryan White Data Intake, current identification, and verification of residency and financial eligibility. Depending on the program requirements, updates will vary.
- You have the **RESPONSIBILITY** not to threaten, harm, or endanger others with your behavior. Equitas Health staff may respond to any action or threat perceived as dangerous by notifying the appropriate authorities, including the police. No weapons will be tolerated in any Equitas Health buildings, or at any Equitas Health event. Failure to abide by this responsibility may result in your services being reduced, restricted, and/or terminated.
- You have the **RESPONSIBILITY** to report when your rights have been violated and to present any unresolved grievance to the Client Rights Officer (614 340-6781, M-F, 9-5)
- You have the **RESPONSIBILITY** to refrain from any form of verbal or physical abuse, including harassment, of any client, or Equitas Health staff. Failure to abide by this **RESPONSIBILITY** may result in your services being reduced, restricted, and/or terminated.
- You have the **RESPONSIBILITY** to show respect to the building and property of Equitas Health or any agency hosting Equitas Health events.
- You have the **RESPONSIBILITY** to keep confidentiality regarding all other clients seen in support groups or visiting Equitas Health sites or activities.
- You have the **RESPONSIBILITY** to participate in the development and completion of your treatment/service plan along with Equitas Health staff.
- You have the **RESPONSIBILITY** for your actions when you either consent or refuse any treatment, service, or therapy.
- You have the **RESPONSIBILITY** to seek facts and ask questions about anything you do not understand. Let us know immediately if we have not made all information completely clear to you.
- You have the **RESPONSIBILITY** to either pay the cost of services or work with staff on other billing options.
- You have the **RESPONSIBILITY** to pay applicable sliding fees and copays.



Equitas
Health
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