

STATEMENT OF CLIENT RIGHTS

TriCity Family Services is committed to providing you with competent and humane care in a manner that protects your dignity and promotes your self-worth. To this end, the following Statement of Client Rights has been formulated.

CLIENT RIGHTS/NON-DISCRIMINATION

1. Services will be provided to you and/or your family members without discrimination. Ethnic background, personal or social creed, racial membership, sexual orientation, religion, or age will not affect our services to you.
2. Services will be provided to you and your family members with adaptations made, as appropriate, to accommodate visual, auditory, linguistic and motor abilities.
3. Physical barriers will not preclude your receiving the services provided by this agency.
4. Upon commencement of services you are entitled to have your rights explained to you using a language or method of communication you understand.
5. You retain all rights, benefits and privileges guaranteed by law. Services will not be denied, suspended, terminated, or reduced for exercising your rights.

CONFIDENTIALITY

1. All information concerning you is held confidential and released only through procedures consistent with the State of Illinois Mental Health and Developmental Disabilities Confidentiality Act and with professional ethics. (A judge may order your records be sent to the court.)
2. You have a right to review and approve any information being requested by another provider giving services to you. You must sign a release for any such information sent.

ACCESS TO CASE RECORD

1. You have the right to review and, if you wish, copy those materials in your case record that pertain to the services you have received at TriCity Family Services. (Note: The agency will assess a \$25.00 fee for copying services.)
2. You have the right to insert into your case record written statement(s) about your treatment issues or about the services you are receiving, or wish to receive, at the agency. You will be informed of any written responses to your statement(s) that may be included in your case record.

TREATMENT

1. You have the right to have services provided to you according to an individualized treatment plan developed with your input.
2. You have the right to have your treatment plan reviewed periodically, but at least every six months.
3. You have the right to participate with your therapist, and/or other clinical staff, in any meetings at which your treatment plan is reviewed.
4. You may review, upon written request, any clinical records created on your behalf by this agency.
5. You have the right of informed consent with regard to all aspects of services provided by our agency.
6. You have the right to be notified in writing of the side-effects of medication if your service includes the administration of psychotropic medication(s).
7. You have the right to refuse services, including medication, and to be informed of any consequences related to service delivery should you refuse medication.
8. You have the right to refuse to participate in, or be interviewed for, any research studies/projects.

9. You have the right to terminate services at any time.
10. You have the right to be provided with services in an environment that is free of the imminent or potential threat of physical, emotional, sexual, or other type of abuse or neglect.

CLIENT GRIEVANCES

1. You have the right to present grievances or to appeal adverse decisions related to your services. You have the right to make such grievances or appeals up to the highest levels possible in the agency and may exercise this right through the procedure outlined in paragraph # 3 (below).
2. Your filing and pursuit of a grievance will not, by itself, preclude or limit in any way your access to the services of this agency.
3. If you feel services have not been provided to you fairly or reasonably, you may take the following steps to resolve your concerns:
 - a) communicate your concerns to your therapist;
 - b) if you are unable to resolve your grievance with your therapist, you may present your concerns in writing to your therapist's immediate supervisor. If you do, your therapist's supervisor will provide you with a written response to your grievance within ten (10) working days;
 - c) if you believe your grievance has not been satisfactorily addressed by your therapist's immediate supervisor, you have the right to communicate your concerns directly in writing to the agency's Executive Director. If you do, the Executive Director will provide you with a written response to your grievance within ten (10) working days;
 - d) should your appeal to the agency's Executive Director fail, in your opinion, to satisfactorily address your grievance, you may then present your grievance in writing to the agency's Board of Directors.
 - e) if you believe your grievance has not been properly attended to within this agency, you have the right to contact any, or all, of the following organizations and be offered staff assistance in making these contacts.
 - f) If you have a compliment or complaint about your mental health care or that of a family member you may call or write the Illinois Mental Health Collaborative for Access and Choice. The staff will ask you about your concern and take steps needed to address them. They may ask you to contact the mental health provider. If the complaint is about the Collaborative, the Collaborative will begin a review process with you or refer you to the appropriate agency. If the complaint is about a violation of your rights you will be helped to contact one of the other agencies listed in your client rights. The Collaborative will send you a letter telling you the complaint is being reviewed and when the complaint is fixed or resolved. If you are dissatisfied with the resolution, you may request a review of the decision. You may also have specific legal rights to an appeal of a particular decision.

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| Illinois Mental Health Collaborative for Access and Choice PO Box 06559 Chicago, IL 60606 866-0359-7053 TTY 866-880-4459 | Equip for Equality 20 N. Michigan Ave. Suite 300 Chicago, IL 60602 312-341-0022 | DHS Child & Adolescent Services 42 West Oak Park Avenue Chicago, IL 60634 773-794-4894 |
| Illinois Department of Children and Family Services Abuse Hotline 800-252-2873 | Department of Children & Family Services/Kane County 595 South State Street Elgin, IL 60120 847-888-7620 | Office of Inspector General Hotline 800-722-9124 |
| Department of Human Services 401 South Spring Street Springfield, IL 62765 800-843-6154 | Office of Mental Health 160 N. LaSalle St. Suite S500 Chicago, IL 60601 312-793-5900 | Guardianship and Advocacy Commission - Human Rights Authority 160 North LaSalle, Suite S 500 Chicago, IL 60101 866-274-8023 (Toll Free) |