

Client's Rights & Responsibilities

It is Pay Pals Therapy's policy that in every admission process the consumer and/or legal guardian is oriented, educated, and provided with the following information:

- ❖ Be treated with dignity and respect.
- ❖ Give informed consent. This means that if you need treatment, your therapist will give you the information that you need to make a decision.
- ❖ Choose the service or program in which you participate based upon information about rules, treatment procedures, costs, risks, rights, and responsibilities.
- ❖ Ask questions and get answers about services.
- ❖ Participate fully in all decisions about treatment or services.
- ❖ Request changes in treatment and services.
- ❖ Receive treatment in the least restrictive setting-one that provides the most freedom appropriate to your treatment needs.
- ❖ Refuse treatment or services unless ordered by the Court to participate.
- ❖ Be informed about the rules that will result in discharge from a program if violated.
- ❖ Participate fully in decisions regarding your discharge from a program and receive advance notice regarding the proposed discharge, unless your behavior threatens the wellbeing of another person.
- ❖ Reasonable access to care promptly, regardless of race, religion, gender, sexual orientation, ethnicity, age, disability, or communication needs.
- ❖ Have your family involved in your treatment.
- ❖ Make complaints, have them heard, get a prompt response, and not receive any threats or mistreatments as a result.
- ❖ File a grievance if you are not satisfied with the response to a complaint.
- ❖ Be assisted by an advocate of your choice, for example, family, friend, Case Manager, member of a consumer advocacy committee or organization, etc.
- ❖ Review your record, with two exceptions. A limited portion of your records can be withheld from you if your treatment team leader has written that seeing specific information would, be harmful to your treatment, reveal the identity, or break the trust of someone who has provided information in confidence.
- ❖ Decide who else can see your records, with several exceptions. Those who do not need to ask your permission are people involved in your mental health treatment or to whom you are referred for treatment, people providing emergency medical care, an attorney representing you at a commitment hearing, a court, and people conducting a program or utilization reviews, or third-party payers (those who pay for your treatment). These people may only see as much information as they need for the specific purpose requested.

- ❖ Exercise all civil and legal rights afforded to citizens of the United States; for example, vote, marry, obtain a driver's license, write a will, etc.

- ❖ Not be discriminated against based on race, age, sex, religion, national origin, sexual orientation, disability, or marital status.

Play Pals Therapy's Rights & Responsibilities

- ❖ Play Pals Therapy has the right to serve you according to staff and program availability.
- ❖ Play Pals Therapy may provide you with information about other agencies that provide similar services if our programs are full.
- ❖ Play Pals Therapy has the right to deny services, whether short or long term, to anyone who threatens the health or well-being of others or who does not meet his/her obligations to Play Pals Therapy.
- ❖ Play Pals Therapy will offer high-quality services and schedule appointments and activities that are helpful to you. Our services will be as easy to get to and convenient as possible.
- ❖ Play Pals Therapy is responsible for protecting your privacy/confidentiality except when required by law if abuse and/or neglect are suspected.
- ❖ Play Pals Therapy is responsible for hiring qualified staff.
- ❖ Play Pals Therapy's staff is required by law to report suspicion of child abuse or elder abuse.

- ❖ If Play Pals Therapy's staff considers someone receiving services as an immediate danger to himself/herself or others, the staff member must:
 - ❖ Consult with Program Supervisor and/or mental health professional
 - ❖ If possible, notify the individual who is believed to be in immediate danger or their family; or notify the consumer's family that the consumer may be a danger to himself/herself.
 - ❖ Notify the appropriate law enforcement personnel unless, in the Judgment of the staff member and their supervisor, the situation has been resolved without such notification.
 - ❖ Disclose information needed to resolve the dangerous situation.
 - ❖ Document the situation as an incident.

Confidentiality & Release of Information

Play Pals Therapy follows laws and regulations regarding privacy and protection of information.

"Informed Consent" means that you or your legal guardian will know exactly what you are agreeing to do.

"Confidential Information" includes drug, alcohol, and/or mental health information about you.

If Play Pals Therapy needs confidential information from another agency or provider, a Play Pals Therapy staff member will:

be given in writing and a copy will be filed in the client's record and Grievance Log.

- ❖ A log of all grievances filed will be maintained for individuals who received services and shall include the date, name, nature of the complaint, disposition, and the date of disposition.
- ❖ All responses to grievance must be provided verbally and in writing at the individual's level of comprehension and in the language of the consumer.

- ❖ A review of grievance procedures will be provided, if necessary.

Notice of Play Pals Therapy Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information be used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Play Pals Therapy will comply with this

Federal Law to protect your health information.

You may file a complaint about our Privacy Practices

If you believe that your privacy rights have been violated, or if you are dissatisfied with our privacy practices, you may file a complaint either with us or with the federal government. Play Pals Therapy will not take any action against you or change our treatment of you if you file a complaint.

To file a written complaint, you may bring your complaint to a Play Pals Therapy office, or you may email it to the following address:

playpalstx@gmail.com