

Healing Hands Resource Center



Safe Place Clinics
Integrated Health Services



Name:

DOB:

Insurance ID No:

PATIENT BILL OF RIGHTS

PURPOSE:

To recognize and respect the rights of our patients in the course of their treatment at HEALING HANDS RESOURCE CENTER.

To assure that a client's rights are protected and that all services provided to clients comply with the law, all providers under this Part shall ensure the following:

- a) A client's rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5].

- b) The right of a client to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act and the federal Health Insurance Portability and Accountability Act of 1996.

- c) Staff shall inform the client upon intake and annually of the following:
 - 1) The rights in accordance with subsections (a) and (b);
 - 2) The right to contact the Illinois Guardianship and Advocacy Commission and Equip for Equality, Inc. The provider shall offer assistance to a client in contacting these groups, giving each client the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.;
 - 3) The right to be free from abuse, neglect and exploitation;
 - 4) The right to be provided mental health services in the least restrictive setting;
 - 5) The client's right or the guardian's right to present grievances up to and including the provider's Executive Director or comparable position. The client or guardian will be informed of how his or her grievances will be handled at the provider level. A record of, and the response to, those grievances shall be maintained by the provider. The Executive Director's decision on the grievance shall constitute a final administrative decision

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(except when the decisions are reviewable by the provider's governing board, in which case the governing board's decision is the final authority at the provider level);

6) The right not to have services reduced, denied, suspended or terminated for exercising any rights;

7) The right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances;

8) The right to have disabilities accommodated as required by the Americans With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5]; and

9) The right to contact HFS or its designee and to be informed by HFS or its designee of the client's healthcare benefit and the process for reviewing grievances.

d) The sharing of information consistent with this Section shall be communicated in a language or a method of communication that the client understands. Documentation that this information was shared in that manner shall be noted in the clinical record.

Patient Bill of Rights were explained to patient using language or a method of communication that the patient understands.

Patient Signature (If applicable) _____ Date: _____

Guardian Signature (If applicable) _____ Date: _____

Guardian Printed Name _____ Date: _____

Staff Signature _____ Date: _____