

KENNETH YOUNG CENTER RIGHTS AND RESPONSIBILITIES

Services of Kenneth Young are offered regardless of age, sex, race, national or ethnic origin, ancestry, religion, marital status, disability, sexual orientation, HIV status, military discharge, or ability to pay.

YOU HAVE THE RIGHT TO:

1. Be treated with respect, dignity and with regard for your privacy.
2. Be free from abuse, neglect, exploitation, and harm. If you feel this right has been violated, you may contact the Office of Inspector General at 1-800-368-1463.
3. Information about the treatment options available to you and to take part in decisions made about your mental health care.
4. Receive mental health services in the least restrictive setting.
5. Have treatment explained to you in words that are easy to understand.
6. Actively participate in developing and reviewing your treatment plan.
7. Know the professional status of the staff responsible for your care and to have access to them.
8. Know the risks, side effects, benefits, and/or experimental nature of treatment/procedures.
9. Know alternative treatments available, to refuse treatment/care, to know the consequences for treatment refusal, and to request the opinion of a consultant at personal expense.
10. Know the cost of care and to know if limitations to duration of care exist.
11. See your clinical record and request changes or amendments to your record.
12. Have no written, verbal or electronic information about you released by us, without your informed, voluntary written consent, except as permitted by law and as described in our Privacy Practices
13. Initiate an internal complaint or grievance up to our Senior Clinical Director level you will be informed of how your grievances will be handled, reviewed and responded to. The CEO decision with constitute a final administrative decision.
14. Initiate a grievance to your specific Managed Care Organization (MCO) as regulations at 42 CFR §422.564(a) and 423.564(a) require each plan to have meaningful procedures for the timely resolution of grievances between enrollees and the plan or any of its delegated entities. Each plan must provide all enrollees with written grievance procedures upon initial enrollment, involuntary disenrollment, annually, and upon request.
15. Not be denied, suspended, or terminated from care, or have care reduced for exercising any of these rights and you have the right to terminate care at any time.
16. In accordance with the AIDS Confidentiality Act and the AIDS code, no information will be shared by this agency or its staff regarding HIV/AIDS status or testing.
17. Any records containing HIV/AIDS status will be kept in a separate confidential file and be accessed on a need to know basis only, with permission from the program director.
18. Not be required to release any information regarding HIV/AIDS status as a condition of treatment.
19. 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 ILCS5]
20. 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.

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Your rights are assured by the Illinois Mental Health and Developmental Disabilities Code, Chapter 2 as revised, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, as revised, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For Substance Use Disorder Treatment patients your rights are assured by 42CFR Part 2 codes.

If you have questions about your rights, please contact our Privacy Contact the Medical Records Department at (847) 524-8800 ext 109 or any of the following accreditation or advocacy agencies or public payers:

*Guardianship and Advocacy Commission, PO Box 7009 Hines, IL 60141 (866) 274-8023 or www.GAC.State.IL.US

*Equip for Equality, 20 N. Michigan Ave. Suite 300 Chicago, IL, 60602 (800) 537-2632 or www.EquipForEquality.org

*Illinois Department of Human Services Division of Mental Health, (800) 843-6154 or www.DHS.State.IL.US

*The Illinois Department of Human Services Recovery Substance Use Prevention and Recovery 312-814-3840

DoIT.SUPRHelp@illinois.gov

*Illinois Mental Health Collaborative (866) 359-7953 or www.IllinoisMentalHealthCollaborative.com

*Illinois Department of Children and Family Services, James R. Thompson Bldg., 100 W. Randolph St. Chicago, IL, (312) 814-6800

*The Joint Commission 1 Renaissance Blvd, Oakbrook Terrace, IL 60181 (630) 792-5000 www.jointcommission.org

*Illinois Department of Public Aid, 201 S. Grand Ave. East Springfield, IL 62763 (217) 782-1200

YOUR RESPONSIBILITIES:

1. Give information regarding past illnesses, hospitalizations, medications, and other information related to your health, including any cultural or special communication needs.
2. To inform us of any current or anticipated involvement in civil or criminal litigation for which you would be requesting our assistance via records, reports, or testimony.
3. Participate in your care by mutually developing treatment/care plans and asking questions if the proposed treatment/care is not understood.
4. Be considerate of other clients in limiting noise, disruption, and by following smoking restrictions.
5. Be responsible for the behavior of your minor children brought to the agency.
6. Be respectful to KYC support and professional staff, other's property and property of the agency.
7. Follow written rules and behavior, which are specific to the care or services that you receive.
8. Keep scheduled appointments or cancel them with as much notice as possible.
9. Pay at the time services are provided, unless other arrangements have been made.

If you have any questions, please discuss them with your clinician or a manager.