

CLIENT'S RIGHTS AND RESPONSIBILITIES

Platform Behavioral Support Services policy is to protect the rights of each client. During the intake process, the client's rights are reviewed in a manner that is understandable. The Corporate Compliance Officer responds to questions and grievances pertaining to the client's rights and ensures compliance with Texas administrative code. Rule §404.154. The client's rights and responsibilities are reviewed annually as listed below.

CLIENT RIGHTS:

1. to be informed of the client's rights and responsibilities at the time of admission or within 24 hours of admission;
2. to have a family member, chosen representative and/or his or her own physician notified of admission to the BHS provider at the request of the client;
3. to receive treatment and medical services without discrimination based on race, age, religion, national origin, gender, sexual orientation, or disability;
4. to maintain the personal dignity of each client;
5. to be free from abuse, neglect, exploitation and harassment;
6. to receive care in a safe setting;
7. to receive the services of a translator or interpreter, if applicable, to facilitate communication between the client and the staff
8. to be informed of the client's own health status and to participate in the development, implementation and updating of the client's treatment plan;
9. to make informed decisions regarding the client's care by the client or the client's parent or guardian, if applicable, in accordance with federal and state laws and regulations;
10. to participate or refuse to participate in experimental research when the client gives informed, written consent to such participation, or when a client's parent or legal guardian provides such consent, when applicable, in accordance with federal and state laws and regulations;
11. to be informed, in writing, of the policies and procedures for filing a grievance and their review and resolution;
12. to submit complaints or grievances without fear of reprisal;
13. to have the client's information and medical records, including all computerized medical information, kept confidential in accordance with federal and state statutes and rules/regulations;
14. to be given a copy of the program's rules and regulations upon admission;
15. to receive treatment in the least restrictive environment that meets the client's needs;
16. to not be restrained or secluded in violation of federal and state laws, rules and regulations;
17. to be informed in advance of all estimated charges and any limitations on the length of services at the time of admission or within 72 hours (There are no out of pocket fees associated with services provided to Medicaid recipient's)
18. to receive an explanation of treatment or rights while in treatment;
19. to be informed of the:
 - a. nature and purpose of any services rendered;
 - b. the title of personnel providing that service;

NOTIFICATION OF RECEIPT OF RECIPIENT RIGHTS

I understand its contents regarding Recipient rights and responsibilities. I have received a copy of the confidentiality notice, Recipient Handbook (which includes a summary of my rights), and Program Rules. I have also been explained the services, including the benefits and risks, program rules and grievance procedure. I also understand that I may withdraw from Platform Behavioral Support Services anytime I feel treatment/services are not beneficial to me. Staff has answered my questions regarding Recipient rights. I also understand that specific programs may have additional policies and procedures pertaining to Recipient rights and that those will be explained to me upon entry into the program.

I have received the following information:

1. Protections regarding disclosure of confidentiality;
2. Procedure for obtaining a copy of my treatment plan;
3. Policies addressing fee assessment and collection practices for my treatment rehabilitation;
4. Grievance policy/procedure;
5. Suspension and expulsion policy notification
6. Search and seizure policy notification;

PBSS will implement the use of least restrictive intervention and most appropriate setting and methods as a last resort. Platform Behavioral Support Services prohibits the contingent use of painful body contact, or substances administered to induce bodily painful reactions exclusive.

PRIVACY NOTICE ACKNOWLEDGMENT FORM (HIPPA)

I acknowledge that I have been provided a copy of the Notice of Privacy Practices for Platform Behavioral Support Services. I understand that the Notice of Privacy Practices discusses how my personal health care information may be used and/or disclosed, my rights with respect to health care information, and how and where I may file a privacy-related complaint.

I may review a copy of the Notice from Platform Behavioral Support Services office.

I may obtain a copy of this from Platform Behavioral Support Services

I understand that the terms of this Notice may be changed in the future, and these changes will be posted in Platform Behavioral Support Services office. I may also request a copy of the new Notice by contacting the Privacy Officer.

HOW TO MAKE A COMPLAINT OR FILING A GRIEVANCE

If you are dissatisfied with the services being provided by Platform Behavioral Support Services or if you wish to file a grievance against perceived unfair treatment, the follow procedures can be followed:

- Begin by explaining your concern, complaint, or grievance to the Professional providing the service.
- The treating professional will attempt to resolve the problem by scheduling a meeting in order to come to a joint decision.
- If the contact with the professional does not resolve the problem, put your concern/grievance in writing and ask for it to be reviewed in the Client Rights Committee for resolution. This can be

done so by completing a grievance form. Please feel free to ask a PBSS staff for the form. An appeal process will take place and a representative of the company will get back with you.

- If the management and client rights committee is unable to resolve the issue to your satisfaction, you can seek legal advice as necessary at your own expense.
- You can also contact the Office of Consumer Services and Rights Protection at 1800- 252-8154

CRISIS RESPONSE SERVICE

I have been informed that Platform Behavioral Support Services has a crisis response line (713-360-7375) available 24hrs /7 days a week, 365 days a year for Recipient to use in crisis situations. A designated on-call qualified professional will be responsible for responding to all crisis calls during and after regular business hours. The on call qualified professional will be responsible for the implementation of Crisis Plan via phone and face to face within two hours. The on call qualified professional will have access to the crisis plan for each individual.

RIGHT OF DETERMINATION APPEAL PROCESS

PBSS will not deny, interrupt, suspend, reduce or terminate your services without a good cause. If you are a Medicaid recipient (or eligible to be one) and a decision has been made to deny, reduce, suspend or terminate services being received, then you have the right to appeal the decision.

A notification of the decision will be sent by your MCO. If you need clarifications on any issues, please contact PBSS immediately. We will assist you with the appeal process follow up.

Recipients maybe expelled or suspended from services when the agency can no longer meet the recipient's needs or guarantee their safety. PBSS shall notify recipients once a specific time is determined to restore services. PBSS shall make efforts to recommend appropriate services that will meet recipient's needs and discharge plan if any.

ABUSE / NEGLECT PROTOCOL / PROCEDURE

It is your right to be free of harm, abuse, neglect and exploitation. PBSS prohibits any abuse or neglectful conduct on the part of any individual employed or contracted by the agency or serving in a consultative capacity.

If for any reason, you have questions, concerns or complaints that involve any kind of abuse, sexual, physical etc. you should call the Texas Department of Family and Protective Service at 1-800-252-5400

Recipient or Legally Responsible Person / Date

Agency Representative/ Date