

Aunt Martha's Health & Wellness, Inc., is dedicated to providing patients with the best possible service to meet their identified needs. To accomplish this, we believe it is critical to include our patients, parents and legal guardians, when applicable in all decisions that directly impact the continuum of care.

It is the duty of Aunt Martha's staff to inform you of your rights and responsibilities before the commencement of services in a language or method of communication that you will understand. These rights are protected and promoted by agency staff.

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#### **Access to essential services**

- You have the right to be informed of the nature, availability and goals of all services to which you are entitled to through the agency or other sources.
- Treatment and/or services will not be denied, reduced, suspended or terminated for exercising any of your rights.
- You have the right to be informed of the hours which care is available.
- An inability to pay will not be the sole determining factor in your admission or discharge from any services.
- You have 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] (such as the need for sign language interpreter).

#### **A safe, dignified and quality service**

- You have the right to receive the best possible services and human care in the least restrictive environment.
- You have the right to receive services regardless of age, sex, race, religious beliefs, ethnic origin, color, sexual orientation, or impairment. However, if you are under the age of 18, your parent or legal guardian's permission is needed, unless you are seeking Family Planning Services and you are 12 years of age or older (other circumstances may apply).
- You have the right to be free from abuse, neglect, or exploitation. You will not be subjected to any punishment that violates your rights such as corporal punishment, ridicule, humiliation, verbal abuse, or any other means of discipline which would lessen your sense of dignity and value as a person.
- If your rights are restricted in any way, you or your legal guardian and/or advocate will be notified. Justification and supporting documentation will be recorded in your clinical record. Additionally, the client, guardian and/or advocate will be provided with a copy of the plan to remove the restriction of the rights.

#### **Information and education**

- You have the right to be involved in any and all care decisions.
- You have the right to be informed about any financial programs related to your care, treatment, or services.
- You will be made aware of any fees or payment policies that pertain to the services provided.

#### **Choice**

- You or your legal guardian has the right to refuse services, including medications, you will be informed of alternative services available and the risks of such alternatives, if any, as well as the possible consequences of refusal of such.
- You or your legal guardian has the right to delegate an advocate to act on your behalf.

#### **Being Involved**

- You have the right to view your record and examine its contents in the presence of a staff member qualified to interpret the file contents. You may request a statement of clarification to be included in your record should you find any discrepancies.

#### **Being listened to**

- You or your legal guardian have the right to file a grievance or appeal decisions of the provider up to and including the CEO/President or designee and be informed of the outcome of the petition. The Chief Executive Officer's decision on the grievance shall constitute a final administrative decision.
- You have the right to report concerns to any advocating agency such as the Guardianship and Advocacy Commission, Equip for Equality, Inc., DCFS, DMDD or any other advocating agency as well as the public payer or to the Joint Commission online, by mail (Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181) or by fax at (630) 792-5636

#### **Privacy**

- You have the right to confidentiality of information which is governed by the MHDD Confidentiality Act, Health Insurance Portability and Accountability Act of 1996, and state law where applicable. Your personal information will only be used as described in the Notice of Privacy Practices unless written authorization is given by you or your legal guardian, if applicable – except as required by law.

#### **PATIENT RESPONSIBILITIES**

- You have the responsibility to be involved in any and all care decisions.
- You have the responsibility to provide relevant information to clinic staff and to the physician or medical provider to the extent you are able.
- You have the responsibility to ask questions if you do not understand instructions that are given to you.
- You have the responsibility to accept consequences that may occur as a result of a decision that you make, actions that you took or inaction
- You have the responsibility to follow rules and regulations specific to our facility and respect to other patients and staff.
- You have the responsibility to make an effort to pay treatment related bills for which you are responsible.