

# Mind Springs, Inc.

## Policy and Procedure

Policy name:	<b>Clients' Rights and Responsibilities</b>	
Policy number:	<b>180-00-19</b>	
Department Head:	<b>Vice President of Quality and Compliance</b>	
Company:	<input type="checkbox"/> Mind Springs, Inc.	<input type="checkbox"/> Mind Springs Asset Management, LLC
	<input type="checkbox"/> West Springs Hospital, Inc.	<input type="checkbox"/> Health Services Program, Inc.
	<input checked="" type="checkbox"/> Mind Springs Health, Inc.	<input type="checkbox"/> Whole Health, LLC
Statutes/Standards:	<input type="checkbox"/> CARF:	<input checked="" type="checkbox"/> OBH:
	<input type="checkbox"/> CDPHE: 6 CCR 1011-1, Ch.2,	<input type="checkbox"/> JC:
	<input checked="" type="checkbox"/> Section 7.1; Ch.3, section 2.8	<input type="checkbox"/>
	<input type="checkbox"/> CMS:	<input checked="" type="checkbox"/> HIPAA:
	<input type="checkbox"/> CRS:	<input type="checkbox"/> OTHER:

### Purpose

The purpose of this policy is to assure that Mind Springs Health (MSH) clients' rights are observed and respected in accordance with federal and state regulations.

### Scope

This policy applies to all staff at Mind Springs Health regardless of their direct level of involvement with clients/patients receiving voluntary services and involuntary services, as appropriate.

### Definition

**Grievance:** any oral or written expression of dissatisfaction by a client about any matter involving the quality of care or the quality of service they receive from MSH.

### Responsibilities

It is the responsibility of each staff member to ensure that they respect client rights at all times and in all situations. All employees will be trained regarding the grievance policy and will be briefed annually regarding the plan.

### Policy

- A. Mind Springs Health has procedures in place to assure that clients' rights are observed and respected in accordance with federal and state regulations. Prior to treatment or upon admission, it is the policy of MSH to inform clients of their right to:
1. Receive timely information about their rights and responsibilities and the grievance and appeal procedures.
  2. Receive information on available clinical guidelines, programs, and treatment alternatives, including the level of emergency services provided by MSH, and how to access those services.
  3. Receive information regarding MSH's fees and financial policies, which includes the right to:
    - i. Request an in-patient network provider at an in-work facility if one is available.
    - ii. Receive an estimated average charge prior to the initiation of non-emergent care or treatment.
    - iii. Receive information on MSH's general billing procedures.

- iv. Receive an itemized bill that identifies treatment and services by date with contact information for billing inquires that will be made available within ten (10) business days of the request, or thirty (30) days after discharge, or thirty (30) days after the service is rendered – whichever is later.
4. Give informed consent for all treatment and procedures, receive information regarding MSH's clinicians including their full name, licensure, specialty, experience, work address, work phone number, and hours of availability, and to receive continuing care by the same practitioner, whenever possible.
5. Be informed about whether the facility or agency is participating in teaching programs, and to provide informed consent prior to being included in any clinical trials related to treatment.
6. Receive care and treatment, in compliance with state statute, that is respectful; recognizes a person's dignity, cultural values and religious beliefs; and provides for personal privacy to the extent possible during the course of treatment.
7. Expect that MSH can meet their identified and reasonable anticipated care, treatment, and service needs.
8. Have information about treatment kept confidential to the extent allowed by law, unless they provide Mind Springs Health with written authorization for disclosure of such information.
9. Request and receive a copy of their medical records, and request that they be amended or corrected as provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
10. Receive a copy of MSH's Notice of Privacy Practices at our service locations, on our Internet web site, or upon request.
11. Participate in decisions regarding their health care, including the right to refuse any drug, test, procedure, or treatment, except as provided by law, and to be informed of the risk and benefits of refusing treatment.
12. Receive a second opinion.
13. Receive prompt notification of termination or changes in services or providers.
14. Be free from any improper application of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
15. Be free from any form of abuse or neglect.
  - i. MSH shall implement policies and procedures that prevent, detect, investigate, and respond to incidents of abuse or neglect.
  - ii. MSH shall investigate, in a timely manner, all allegations of abuse or neglect and implement corrective actions in accordance with such investigations.
16. Be free from discrimination on the basis of race, religion, religious beliefs, gender, age, disability, health status, or sexual orientation.
17. Have an independent advocate, personal representative, legal representative, and/or legal guardian participate in their treatment and any aspect of their client rights.
18. Receive culturally appropriate and competent services.
19. Utilize interpreter services if they have communication disabilities or do not speak English.

20. Receive information about creating or using advance directives, including the right to receive services with or without an advance directive presented in a manner appropriate to the client's condition and ability to understand. MSH will comply with such directives, as applicable, and in compliance with applicable state statute.
  21. Express an opinion or grievance about MSH to regulatory agencies, legislative bodies, or the media without fear of retribution and to be informed of the procedures for registering complaints including contact information.
  22. Receive medically necessary mental health care services in the least restrictive setting in accordance with federal and state regulations and the needs of the client.
  23. Receive disclosure as to whether referrals to other providers are to entities in which MSH has a financial interest.
  24. Be free to exercise all rights without adversely affecting the way MSH provides services to you.
  25. Be free from sexual intimacy with a provider. If this happens, report it to the Colorado Department of Regulatory Agencies (DORA) at 303-394-7788 or write to DORA at 1560 Broadway, Suite 1350, Denver, CO 80212.
- B. It is the policy of MSH that clients have the responsibility to:
1. Learn about their mental health benefits and how to use them.
  2. Be a partner in their care. This means:
    - a. Following the plan they and their care coordinator have agreed on.
    - b. Participating in their treatment and working toward the goals in their service plan.
    - c. Taking medications as agreed upon between the client and their prescriber.
  3. Notifying MSH when there is a change to address or phone number.
  4. Notify their treatment team if they do not understand their service plan, do not agree with their service plan, and want to change their service plan.
  5. Provide their treatment team with the information needed to give good care. This includes signing releases of information so that providers can coordinate their care.
  6. Attend appointments on time. Clients should call the office if they will be late or if they are unable to keep their appointment.
  7. Cooperate with Mind Springs Health when you choose a provider or are seen by your provider. If clients have questions about choosing a provider or how to make an appointment, they may call Mind Springs Health. They may also contact their health insurance provider. For Medicaid clients, they may contact Rocky Mountain Health Plans (RMHP) Customer Service at (970) 244-7860 or 888-282-8801. If hearing-impaired and use TTY equipment, dial 711 for Relay Colorado. Email RMHP at [customer\\_service@rmhp.org](mailto:customer_service@rmhp.org) or go to [www.rmhp.org](http://www.rmhp.org) Medicaid Prime Member Handbook.
  8. Treat others with the same courtesy and respect that they expect to be treated.

## Procedures

### 1. Client Notification

- a. To notify clients of their rights, MSH will give each client a written List of Treatment Rights, Notice of Privacy Practices, Surprise Billing Disclosure prior to or during the client's first appointment.

- b. Clients will be given a copy of the document We Want You to Be Informed notifying them of specific rights they possess when receiving mental health and substance abuse services from licensed and unlicensed persons in Colorado.
- c. Written information will be available in an alternative format in a manner that takes into consideration the client's ability to understand. Client materials will be written at a sixth grade reading level. An alternative format may mean information will be read to a client aloud or that materials will be formatted using large print. Spanish versions of the List of Treatment Rights, Notice of Privacy Practices, Surprise Billing Disclosure and We Want You to Be Informed documents will be given to Spanish-speaking clients. For other languages, clients will be directed to the interpretation service. MSH will make oral interpretation services available free of charge.
- d. Clients will verify their receipt of written rights by initialing the appropriate sections on the MSH form Consent for Mental Health and/or Substance Abuse Treatment and Acknowledgment of Information Received.
- e. Client rights will be posted prominently in each service location.

## 2. Involuntary Admissions

- a. Each person being held on a 72-hour Involuntary Hold and Treat Order will be given a Rights of Patients document (Form M-2). Should for any reason a person being held on a 72-hour Involuntary Hold be unable to read or receive their written rights, an emergency services staff person will verbally read their rights to them.
- b. Staff will verify the detained person was notified of their rights by documenting the appropriate section on the Emergency Mental Illness Report and Application (Form M-1).
- c. For non-English speaking clients, the Rights of Patients (Form M-2) and the Emergency Mental Illness Report and Application (Form M1) will be translated and provided to the patient free of charge.

## 3. Grievances

- a. In compliance with applicable state and federal regulations, MSH clients and/or their legal representative shall have available to them an orderly, fair, simple, and expeditious method of resolving grievances that includes:
  - i. How each client will be made aware of the client grievance method and how the MSH Client Advocate may be contacted.
  - ii. The process for receiving and investigating a client grievance in situations when the MSH Client Advocate is not available or is the subject of the grievance.
  - iii. The qualifications, job description, and level of decision-making authority of the MSH Client Advocate.
- b. Each MSH service location will post prominently the client grievance procedures, which provides clients instructions for filing a grievance
- c. The client's appointed advocate, personal representative, legal representative, and/or legal guardian may file a grievance on behalf of the client. MSH will require a signed authorization from the client permitting MSH to disclose personal health information (PHI) to the grievant before responding to a grievance.
- d. MSH staff should review the procedures in the MSH Policy 130-00-06 Grievance Process for detailed instructions regarding MSH's system for handling client grievances and appeals.

## References

- 130-00-06 Grievance Process
- 130-00-06-01 Client Contact Form
- 130-00-06-02 Notice of Grievance Procedure Posting
- 130-00-06-03 Notice of Grievance Procedure Spanish Posting
- 130-00-10 Designated Client Representative.
- 180-00-19-01 Client Treatment Rights Form
- 180-00-19-02 Client Treatment Rights Spanish Form
- 180-00-05-01 Privacy Notice Form
- 180-00-05-02 Privacy Notice Spanish Form
- 180-00-23-01 We Want You to Stay Informed Disclosure Statement Form
- 180-00-23-02 We Want You to Stay Informed Disclosure Statement Spanish Form
- 180-00-24-03 Consent for Mental Health and/or Substance Abuse Treatment and Acknowledgement of Information Received Form
- 180-00-24-04 Consent for Mental Health and/or Substance Abuse Treatment and Acknowledgement of Information Received Spanish Form
- 280-00-06-01 M1 Emergency Mental Illness Report Form
- 280-00-06-01 M2 Rights of Patients Form
- 700-00-105-01 Surprise Billing Disclosure Form
- 180-00-25 Mandated Reporting of Abuse and Neglect
- Colorado Health Facilities & Emergency Medical Services Division, Behavioral Health Entities; 6 CCR 1011-, Chapter 2:
  - Part 7.1: Client Rights Policy
  - Part 7.2.2: Client Grievance Plan and Procedure
  - Part 8: Facility or Agency Policies Regarding the Use of Restraint and Seclusion
- Colorado Health Facilities & Emergency Medical Services Division, Behavioral Health Entities; 6 CCR 1011-, Chapter 3 Part 2.8: Client Services