

## Your Rights as a Client

### You have a right to:

- **Receive adequate** treatment regardless of race, religion, sex, age, ethnic background, disability, sexual orientation or ability to pay;
- **Help decide** what will be included in your treatment plan, so that it will meet your specific needs. You may also help plan for your discharge and any follow-up treatment. You may include your parents, relatives, and/or guardian if you wish;
- **Participate in reviewing** and revising your treatment plan;
- **Confidentiality.** We will not tell anyone you are receiving our services, or anything about your treatment, without your permission, except as required by law
- **Treatment** by competent, qualified staff;
- **Be treated** with dignity, compassion and respect at all times;
- **Be informed** about your treatment plan in your own language so that you may understand your rights and alternatives;
- **Request** a second opinion from an outside consultant or a staff review team about your treatment. If you request a consultant, you must pay for this yourself;
- **Have** your bill explained to you;
- **Have** access to your medical records to the extent permitted by law;
- **Be told** about the risks, side effects and benefits of medications and treatment procedures;
- **Refuse** treatment and/or medication to the extent permitted by law.
- **Receive** services even if you have complained against a staff member and there will be no humiliation against the client.
- **Receive** services even if you have complained against a staff member and there will be no retaliation against the client.
- **You** may have additional rights that are unique to your situation. If that is the case, a staff member will discuss these with you.



Breathitt County	606-666-7591
Knott County	606-785-3556
Lee County	606-464-3212
Leslie County	606-672-4215
Letcher County	606-633-4439
Owsley County	606-464-3212
Perry County	606-436-5761
Wolfe County	606-668-7420

24-hour Crisis and Information Line  
1-800-262-7491

24-hour Deaf/Hearing Impaired Line  
1-800-787-5043 (TTY)



Administrative Offices  
115 Rockwood Lane  
Hazard, KY 41701  
606-436-5761  
[www.krcccares.com](http://www.krcccares.com)

24-Hour Crisis and Information Line  
1.800.262.7491  
1.800.787.5043 (TTY)

Providing trauma informed care

# Client Rights And

# Responsibilities

Grievance Procedures &  
Client Rights



Real People,  
Real Stories,  
Real Recovery.

**Kentucky River Community Care welcomes you as a client.** We are here to help you receive the best possible treatment.

**Please read carefully and let us know if you have any questions.**

People who apply for and receive any benefit or service provided by KRCC may file complaints if they believe they have had unfair or different treatment because of race, sex, handicap, religion, age, sexual orientation, ability to pay, disability or national origin.

Upon application for services each client will receive a full explanation of their rights and methods for resolution of any complaint related to the services proposed or received. (Ask at the front desk if you did not receive this document.)

## **YOUR VOICE MATTERS**

***We want to hear any and all comments about our services, staff and facilities. If you have any comments, or feel your rights have been, or are being denied, please speak with the supervisor on-site, or you may write or call:***

**Compliance Officer  
Kentucky River Community Care**

**Administrative Offices  
115 Rockwood Lane  
Hazard, KY 41701**

**606-436-5761 x 1906**

## **Steps to Filing a Grievance:**

- Submit a statement in writing\* to the Program Director and Compliance Office. The Program Director will review the matter and provide the grievant(s) and the Compliance Officer a written response within seven (7) workdays, or within an agreed-upon time frame if extenuating circumstances exist.
- If the response is not satisfactory, the grievant may appeal to the Compliance Officer within five (5) working days of the decision.
- The Compliance Officer will convene a panel within ten (10) working days to review the matter, and after hearing all sides, the panel will thereafter make their recommendations to the grievant within five (5) working days.
- If the grievant is not satisfied with the panel's findings, the individual and/or spokesperson may request an external panel be convened to arbitrate. These requests will be considered by KRCC's Board of Directors on a case-by-case basis and may be granted, depending on the nature of the grievance.
- If a consumer is not satisfied with the final decision of the Mental Health Center, he or she is entitled to file a grievance at the state level. Consumers filing a grievance at this level should call the **Medicaid Ombudsman** at **800-372-2973** or **800-627-4702 (TTY)**. Usually it is best to think of the Ombudsman as a last resort for help when other approaches have failed.

**\*Note: You may request assistance in writing/presenting your grievance by contacting 606-666-9006 X 1906.**

## **Client Responsibilities**

1. Be open and honest with your therapist or doctor in order to get the most from your treatment.
2. Be familiar with your rights as a citizen and therefore be responsible for making sure you are not denied your rights.
3. Show respect and concern for other clients and respect their privacy.
4. Ask questions any time you do not understand.
5. Keep your scheduled appointments.

## **Confidentiality**

Information about your treatment is kept confidential in accordance with state and federal regulations.

Information will be released only under the following conditions:

1. The client may obtain one free copy of the medical record by signing a request and submitting it to the Medical Records Department;
2. If information discloses that a violent act has occurred, someone is threatened or that abuse/neglect is suspected;
3. If the client or guardian signs a written consent for another agency;
4. If a judge signs an order requiring release to the court.

***In accordance with Federal Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Funded in part or in whole through Federal, CHFS and/or State funds.***