



CLIENT RIGHTS & RESPONSIBILITIES

Your Rights - Our Responsibilities

This Notice describes your rights, responsibilities, and grievance procedures as a client of Cultura Health. Please review it carefully.

YOUR RIGHTS

You have the following rights regarding health information:

- **Right to Access and Receive a Copy of Your Medical Record.** You have the right to inspect and receive a copy of your records. We ask that you submit these requests in writing to our Medical Records Manager. We may charge a reasonable fee to cover the costs of your request, but we will let you know in advance. We may deny your request in some circumstances, in which case, you may request that the denial be reviewed. You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information.
- **Right to Amend Your Medical Record.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing to our Medical Records Manager. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information. To request this list of disclosures, you must submit your request in writing to the Medical Records Manager. Your request must state a time period, which may not be longer than six years. We may charge you for the costs of providing the list, but we will let you know in advance. When you request an accounting of disclosures of your electronic health record, the accounting will be for three years prior to the date of the request for the accounting and will include, in addition to all types of disclosures listed in the general policy, disclosures for treatment, payment and health care operations.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about your treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We ask that you submit these requests in writing to our Medical Records Manager. We are not required to agree to your request, but we will accommodate your request if reasonable. If we do agree to your request, we will comply except in certain emergency situations or as required by law.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. If you do not wish to participate or wish for us to only contact you by certain means, you may notify us in writing, by telephone, or in person. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice.



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CLIENT RIGHTS

- You have the **RIGHT** to receive services without discrimination based on race, color, religion, creed, national origin, gender, gender-identity and expression, sexual orientation, age, disability, HIV status, genetic information, political affiliation, marital status, union activity, military, veteran, and economic status. Any and all discrimination should be reported immediately to any staff for immediate resolution.
- You have the **RIGHT** to be informed of reasons for the denial or discontinuation of services.
- You have the **RIGHT** to include persons of support in your medical care and appointments. A source of support may include a spouse, family member, friend, or other trusted individual.
- You have the **RIGHT** to receive services in the least restrictive and feasible environment, which includes a right to communication services if necessary.
- You have the **RIGHT** to receive accurate referrals, needed support, and information from Cultura Health staff.
- You have the **RIGHT** to be informed of your condition.
- You have the **RIGHT** to receive assistance based on need, requirements, and availability of services.
- You have the **RIGHT** to be informed of, and to refuse any, unusual or hazardous treatment procedures.
- You have the **RIGHT** to freedom from physical restraint.
- You have the **RIGHT** to feel safe when at Cultura Health and with Cultura Health staff.
- You have the **RIGHT** to be informed of all patient and client rights and to receive a copy of the Client Rights and Responsibilities.
- You have the **RIGHT** to exercise your rights without reprisal.
- You have the right to consult with an independent treatment specialist or legal counsel at your own expense.
- You have the **RIGHT** to receive respectful treatment from Cultura Health staff with consideration given to personal dignity, autonomy, and privacy.
- You have the **RIGHT** to access your records and personal identifying information kept confidential within the limitations and requirements for disclosure of patient or client information under state and Federal laws and regulations.
- You have the **RIGHT** to be advised of and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television broadcasting, movies, and/or photographs.
- You have the **RIGHT** to receive assistance getting your Primary, HIV, Pharmacy, Housing, Sexual Health Education, Case Management, and Mental Health Care needs met at Cultura Health, and to participate in the development and review of your treatment/service plan, and obtain a copy of the plan.
- You have the **RIGHT** to be informed as to the composition of your service delivery team.
- You have the **RIGHT** to receive information regarding services and treatment given by Cultura Health staff.
- You have the **RIGHT** to receive oral and written instructions on the Cultura Health grievance procedure and present your grievances relating to Cultura Health.
- You have the **RIGHT** to know the cost of services provided by Cultura Health and to request financial assistance if it is needed.
- You have the **RIGHT** to be free from financial or other exploitation, retaliation, humiliation, and neglect.
- You have the **RIGHT** to file a grievance in accordance with program procedures.
- You have the **RIGHT** to timely, adequate care in a crisis or emergency. Please contact 911 if you are having a medical emergency.



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CLIENT RESPONSIBILITIES:

- You have the **RESPONSIBILITY** to follow up on other resources to cover health-related needs not addressed by Cultura Health.
- You have the **RESPONSIBILITY** to provide accurate and complete information about present and past illnesses, hospitalizations, medications, and other matters related to your health and support system, as well as report changes in your health, finances, and benefit eligibility.
- You have the **RESPONSIBILITY** to keep staff updated with your address, phone numbers, income, and insurance status (including Medicaid/Medicare).
- You have the **RESPONSIBILITY** to practice healthy habits and never knowingly spread diseases.
- You have the **RESPONSIBILITY** to keep scheduled appointments with your primary Cultura Health staff member and, and when necessary, update your paperwork at least every six months. Patients or Clients in Case Management must update the following paperwork every 6 months before assistance can be given: Authorization/Release of Information, Individual Service Plan, Ryan White Data Intake, current identification, and verification of residency and financial eligibility. Depending on the program requirements, updates will vary.
- You have the **RESPONSIBILITY** not to threaten, harm, or endanger others with your behavior. Cultura Health staff may respond to any action or threat perceived as dangerous by notifying the appropriate authorities, including the police. No weapons will be tolerated in any Cultura Health buildings, or at any Cultura Health event. Failure to abide by this responsibility may result in your services being reduced, restricted, and/or terminated.
- You have the **RESPONSIBILITY** to report when your rights have been violated and to present any unresolved grievance to the Client Rights Officer (832) 553-6225, M-F, 9-6.
- You have the **RESPONSIBILITY** to refrain from any form of verbal or physical abuse, including harassment, of any patient or client, or Cultura Health staff. Failure to abide by this RESPONSIBILITY may result in your services being reduced, restricted, and/or terminated.
- You have the **RESPONSIBILITY** to show respect to the building and property of Cultura Health or any agency hosting Cultura Health events.
- You have the **RESPONSIBILITY** to keep confidentiality regarding all other patients or clients seen in support groups or visiting Cultura Health sites or activities.
- You have the **RESPONSIBILITY** to participate in the development and completion of your treatment/service plan along with Cultura Health staff.
- You have the **RESPONSIBILITY** for your actions when you either consent or refuse any treatment, service, or therapy.
- You have the **RESPONSIBILITY** to seek facts and ask questions about anything you do not understand. Let us know immediately if we have not made all information completely clear to you.
- You have the **RESPONSIBILITY** to either pay the cost of services or work with staff on other billing options.
- You have the **RESPONSIBILITY** to pay applicable sliding fees and copays.



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CLIENT GRIEVANCES

PURPOSE. The purpose of this policy is to provide a mechanism for clients, patients, donors, and event participants (hereinafter in this section referred to as “clients”) to formally and internally report and resolve issues with the services Cultura Health provides. By taking advantage of the client grievance process, clients are provided written feedback and assurance from executive staff within Cultura Health.

1. **“Complaint”** - means an oral or written expression of displeasure or dissatisfaction with service received that can be immediately resolved by the staff present.
 - **“Client Rights Officers”** - means the Compliance Officer or the Client Experience Specialist at Cultura Health, who can be reached at (832) 553-6225 or compliance@culturahealth.org.

POLICY. Clients must have the ability to file a Complaint or Grievance as part of the client rights process. Clients registering Complaints and/or Grievances shall not be subjected to retaliation and/or barriers to service or participation. Cultura Health’s policies for managing Complaints and Grievances incorporates the following objectives:

1. Provide clients with a mechanism for filing Complaints and Grievances without fear of retaliation and/or barriers to service.
2. Provide clients with information about the mechanism and procedure to use to file a Complaint or Grievance with Cultura Health.
3. Provide a planned, systematic mechanism for receiving and promptly acting upon issues expressed by patients and/or patient representatives.
4. Provide an on-going system for monitoring and trending client Complaints and Grievances.
5. Clarify that billing issues are not considered a Grievance unless the Complaint also contains elements addressing client service or care issues.

PROCEDURES. All staff are expected to follow the procedures outlined below concerning client grievances at Cultura Health.

1. **Client Notification.** Clients should be notified by Cultura Health staff that they have the right to submit an official Client Grievance during registration/admission to any of our practices.
2. **Client Complaint.** Clients should be encouraged to express any and all complaints with the Cultura Health staff member involved in their care. Many times, staff involved or staff supervisors can resolve an issue without the filing of a formal complaint. If, however, an issue cannot be immediately resolved, a client should be asked to complete a written grievance.
3. **The Grievance.** A written grievance (dated and signed) can be submitted to the Compliance Officer and/or the Client Experience Specialist within 2 weeks of an incident. The Clients Rights Officers must investigate the incident.
4. **The Resolution.** The Compliance Officer will then make a resolution decision within 21 calendar days of receipt of written grievance and provide written notification and explanation of the resolution to the griever.
5. **The Appeal.** An appeal regarding the resolution decision of the Compliance Officer may be submitted to the Chief Policy & Strategy Officer. Notice of such an appeal must be made in writing within 10 days of the Clients Rights Officers’ decision. The decision by the applicable Director and the Chief Policy & Strategy Officer will be final.



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STAFF EXPECTATIONS. All staff shall be made aware of the Client Grievance Procedure. Program staff that are not in conflict with the situation will assist clients in filing the grievance. Staff will ensure that clients know who the Clients Rights Officers are and that clients understand the Grievance Procedure. Cultura Health shall maintain for at least two years records of written grievances received that include, but are not limited to, the following a copy of the grievance, documentation of the resolution of the grievance, and a copy of a letter to the client reflecting the resolution of the grievance

RELATED DOCUMENTS.

- Client Grievance Brochure
- Client Grievance Form