



## CLIENT RIGHTS AND RESPONSIBILITIES

When you receive services at Josselyn, you have a number of rights which are guaranteed as a matter of Josselyn Policy and by Chapter 2 of the Mental Health and Developmental Disabilities Code. (Public Act 80-141, Rev. 1991). As a client at Josselyn, you also have several responsibilities. These are stated below.

### AS A CLIENT, YOU HAVE THE RIGHT TO:

1. To receive full information regarding your rights in a language you understand.
2. Impartial and sensitive access to services free from discrimination based on race, gender, age, ethnicity, religion, sexual preference or disability.
3. The right to have disabilities accommodated as required by the American with Disabilities Act, Sec. 504 of the Rehabilitation Act and the Human Rights Act.
4. Be treated in a manner with personal dignity, free of abuse, neglect, financial and other exploitation, retaliation, and humiliation.
5. Considerate and respectful care in a safe environment that is mindful of your culture, values, and belief systems as well as your age and any disability.
6. Access to qualified staff, knowledge of the professional status of the staff member(s) responsible for your care and their ability and experience in relation to the services you seek.
7. Individualized services, participation in your treatment planning and periodic treatment plan review. (This extends to family members and/or guardians as regulated by law).
8. Request the opinion of a consultant at personal expense and to request a review of your treatment plan.
9. Be informed of any known risks, side effects and benefits of all treatment or research procedures and to have knowledge of any experimental components of treatment or research procedures.
10. Be informed of alternative treatment procedures available, to refuse treatment and know the consequences of refusing treatment.
11. Participate in investigational studies, clinical trials and/or training programs and research on a strictly voluntary basis.
12. Know if limitations to the duration of services exist.
13. Know the costs of services rendered and receive and examine your bill.
14. A complete explanation for any transfer of treatment and knowledge of alternatives to that transfer.
15. Know how to initiate a complaint of grievance procedure without fear of retaliation or barriers to service.
16. Have access to your clinical record, as guided by the Illinois Confidentiality Act and to respond by written statement if you believe information in the record is inaccurate. Your statement becomes a part of the record.
17. To have no written or verbal information regarding your treatment released from this facility to the extent permitted by the law, without your informed voluntary written consent.

#### Exceptions:

- (1) In the case of medical emergency.
- (2) When records are being examined by a funding, licensing or accreditation body;
- Demand by court order; Should you be in imminent danger of hurting yourself or others; or (5) In the case of abuse or neglect.



- 18. To not be denied, suspended, terminated from services, or have services reduced for exercising any of your rights, except when the exercise of these rights prevents the provision of appropriate care.
- 19. Know the status and on-going needs related to your health care that will follow after discharge from treatment.
- 20. An interpreter where a language or communication barrier exists.
- 21. Adequate and humane service regardless of source of financial support
- 22. Services in the least restricted environment.
- 23. Designate a surrogate decision maker if incapable of understanding your treatment plan or communicating your needs around treatment.
- 24. Be informed of your diagnosis, prognosis, and treatment plan as well as any alternatives to your care so that you can give your informed consent for treatment.
- 25. Be interviewed in surroundings designed to assure reasonable privacy so that individuals not involved directly in your care will not be present without your permission.
- 26. Have your record read only by individuals directly involved in your care or its monitoring.
- 27. You have the right to contact the following agencies with questions about your rights or if you feel that your rights have been violated:

Guardianship and Advocacy Commission  
527 South Wells, Chicago, IL (312) 793-5900

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Equip for Equality  
11 E. Adams, Chicago, IL (312) 341-0022

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Illinois Department of Mental Health and  
Developmental Disabilities  
401 Stratton Bldg., Springfield, IL (217) 782-7179

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**AS A CLIENT, YOUR RESPONSIBILITIES ARE TO:**

- 1. Give information regarding past illnesses, hospitalizations, medications psychosocial and other information relating to your health, including any cultural values or special communication needs.
- 2. Ask questions if the proposed course of treatment is not understood.
- 3. Participate in your care by following mutually agreed upon treatment plans.
- 4. Cooperate and assist in making discharge plans in a responsible and timely manner.
- 5. Be considerate of other clients in limiting noise, disruption and in following smoking restrictions.
- 6. Be responsible for the behavior of your minor children brought to the agency.
- 7. Respect the property of others and the property of the agency and Josselyn’s policy on no solicitation which includes no appeals for funds to personnel or other persons served.
- 8. Follow written rules and behavior which are specific to the area or service for which you are being treated.
- 9. Keep scheduled appointments or cancel them within 24 hours.
- 10. Make or arrange for timely payment for services rendered.
- 11. Keep information shared in therapeutic groups private and confidential.
- 12. Provide information to Josselyn regarding any communicable illnesses or infections you may have contracted. Understand that you may be asked to leave the premises for the safety of others and asked to provide written documentation by your primary physician for medical clearance before being permitted to return for services.



If you have any questions about your rights and responsibilities, please discuss them with your primary clinician or the Program Director.

***If you wish to make a complaint or grievance related to your Rights and Responsibilities, please follow the Complaint and Grievance Procedure outlined in the Consumer Manual and send it to:***

***ATTN: Director of Compliance and Quality Improvement  
Josselyn  
405 Central Avenue  
Northfield, IL 60093-3097***

***If you need help filing a complaint or grievance, please email [feedback@josselyn.org](mailto:feedback@josselyn.org) or call 847-441-5600 x701 during regular business hours and ask for assistance or speak with your primary clinicians/case manager.***

## **Agency Rules and Regulations**

1. Payment is expected at the time of service. Josselyn reserves the right to refuse treatment to anyone who refuses to make reasonable efforts to make regular payment toward the bill. Alternatives for payment such as payment plans and fee reductions or any questions/concerns related to billing should first be discussed with your primary clinician.
2. No pet(s) are permitted in the building unless the animal is an identified working animal, i.e. guide dog.
3. No wandering the halls or entering staff offices without permission. Anyone waiting for an appointment should wait in the designated waiting rooms.
4. Any visitors must first check in at Reception on the top of the stairs on the upper level of the building. Clients meeting with staff will be asked for the check in slip verifying payment and current balance.
5. No one is to use the cell phone in the waiting room. Please step outside for any cell phonecalls as that can be disruptive to other visitors.
6. No smoking or tobacco usage allowed on Josselyn property.
7. No alcohol or illicit drugs are permitted on the premises. Anyone suspected of being under the influence may be asked to leave.
8. Anyone who knowingly has, or it is suspect to have a communicable disease or infection may be asked to leave the premises and provide proof of medical release prior to returning.
9. If the case of an emergency of any kind, please follow the instructions of staff who will guide you.
10. No weapons of any kind are allowed on the premises. Anyone who brings a weapon into the building or indicates they have a weapon will be asked to leave and police authorities may be notified.
11. No loud or profane language is allowed.
12. Be courteous to other visitors.
13. No verbal or physically threatening of other visitors or staff is allowed. You may be asked to leave or police



authorities may be notified if you become verbally or physically threatening toward anyone in the building.

14. No violent behavior of any kind will be tolerated. The police authorities will be notified if anyone becomes violent. It is Josselyn policy that no seclusion or restraint of any kind is used when someone may become threatening or violent. In the situation of a minor “therapeutic holding” may be used in an effort to protect the child or others. All clinical staff receive specialized training in this crisis intervention.
15. Young children must be supervised at all times in the waiting rooms. Children under the age of 12 cannot be left alone. Parents will be notified if child becomes disruptive and may be asked to leave. Josselyn is not responsible for incidents involving unsupervised minors.
16. If you become injured, please notify the front desk immediately.
17. Please be respectful of other people’s property. Theft or damage of property of any kind may be prosecuted.
18. Josselyn is not responsible for any items left unattended. Please keep your personal belongings with you at all times.
19. Pharmaceutical Representatives are not to engage visitors in conversations related to their treatment here or the medication they have been prescribed. If this happens, please notify someone at the front desk.



## Josselyn's Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

- **Get a copy of your Record.** You can ask to see or get an electronic or paper copy of your medical records or other health information that we have about you. Sometimes we may deny your request. If we do, we will tell you in writing what our reasons are for the denial and how you can appeal the denial. We may charge you a reasonable fee for copying and mailing the documents you request.
- **Ask us to correct your Record.** You can ask us to correct your health records if you think they are incorrect or incomplete. You must make the request in writing to medical records department. We may say "no" to your request, but we will tell you why within 60 days.
- **Contacting you.** You can ask us to contact you in a specific way. For example, you can ask that we contact you only by phone or e-mail. Put your directions in writing and give it to a staff person at the program where you receive services. We can turn down the request, but we will always agree to it if it is reasonable.
- **Ask us to limit what we use or share.** You can ask us **not** to use or share certain health information. You can request a restriction by submitting your request in writing to our medical records department. We are not required to agree, and we can say "no" if it would affect your healthcare. However, if you pay for services wholly out-of-pocket, you can request that we not disclose information about that treatment to your health plan; we are required to honor that request.
- **Get a list of those with whom we've shared information.** You can ask for a list of the times we've shared your information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except those about treatment, payment or healthcare operations and certain other disclosures (such as any you ask us to make). Please send your request in writing to medical records department. We will respond to your written request within 60 days of receiving it. We may need to charge you a reasonable fee for your request.
- **Get a copy of this Privacy Notice.** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you a paper copy promptly.
- **File a Complaint.** You can complain if you feel we have violated your rights by writing to Josselyn's **Privacy Officer**. You may also file a complaint with the United States Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

### Your Choices

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



## **Authorization to Release Personal Health Information and Assignment of Health Plans**

- For certain health information, you can tell us your choices about what we share, for example, sharing information with your family, close friends, or others involved in your care. These disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. You may withdraw or cancel that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made before you withdrew your permission.
  - I agree to allow Josselyn to use and disclose my personal health information for the purposes of diagnosing and/or providing treatment to me, obtaining payment for my care, and for the purposes of conducting healthcare operations of Josselyn.
  - I authorize release of any information required in the process of applications for financial coverage for service rendered.
  - I authorize Josselyn to release to my insurer or its designated agent, objective clinical information related to my diagnosis and treatment that is necessary to process my health claims.
  - I authorize payment of medical benefits to Josselyn for the mental health and psychiatric services I receive. If eligible, I also request payment of government benefits to Josselyn which accepts assignment of benefits.
- **Marketing Purposes.** We will never share your information for marketing purposes unless you give us written permission.
- **Psychotherapy Notes.** Should we have such notes, we will not share them without your written permission.
- **Fundraising.** Because we are a not-for-profit agency, we need help in raising money. We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

*How do we typically use or share your health information? We typically use or share your health information in the following ways.*

- **Help manage the treatment you receive.** We can share information about you to provide, coordinate, or manage your services and care. For example, if you are in more than one Josselyn program, those programs will share information to decide which services work best for you.
- **Pay for your services.** We can share information in order to get paid for the treatment and services you received from Josselyn. For example, information provided in billing Medicaid or Medicare

**Run our organization.** We can use some information about you to support our business. For example, evaluating the program you attend, training our staff, or when we are undergoing an audit.

**We are allowed to share your information in other ways**-usually in ways that contribute to the public good.

- **Emergencies.** We can share information as needed to deal with an immediate emergency you are facing. For example, we may tell an ambulance crew what medications you're taking.
- **Follow up Appointments/Care.** We can contact you with reminders of future appointments (we will leave appointment information on your answering machine unless you tell us not to). We might also tell you about benefits available to you or give your health-related information you might want to know about.
- **Court Order.** We can share information about you in response to a court or administrative order, or in response to a subpoena.
- **Abuse or Neglect.** We are required to notify government authorities if we suspect abuse, neglect, or domestic violence.

**Mental health for all.**

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- **Public Health and National Security.** We may be required to disclose to government officials or military authorities' health information necessary to complete an investigation related to public health or to national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of contagious diseases
- **Coroners, Medical Examiners or Funeral Directors.** We must give health information to coroners, medical examiners, or funeral directors so that they can do their jobs.
- **Workers' Compensation.** We may share your health information as necessary to comply with laws related to workers' compensation or other similar programs.
- **Comply with the Law or When Required by Law.** We may share your health information when required by law. For example, if a crime is committed on our property or against our personnel, we may share information with law enforcement so they can catch the criminal. We may also call the police or sheriff when we think someone is in immediate danger.

### Our Responsibilities

We are required by law to maintain the privacy of your health information in accordance with federal and state law.

- **Protecting Your Confidential Information.** Please be aware that state and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose your health information (such as those laws applicable to alcohol and drug abuse patient records (42 CFR Part 2) and mental health records (740 ILCS 110 et seq.)).
- When we release information, we will not release more information than necessary. We will not share or use information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.
- **Notifying you of a Breach.** You have the right to be notified in the event that we discover there was a breach of your unsecured health information.

***We reserve the right to change this Notice and our privacy practices based on the needs of Josselyn and changes in Illinois and Federal law.*** The new notice will be available upon request, at all our locations and on our web site.

### **COMPLAINTS**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Laci Gatewood, at 405 Central Avenue, Northfield, Illinois 60093 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**