



Jerome Golden Center

FOR BEHAVIORAL HEALTH

RIGHT OF THE INDIVIDUAL SERVED

RIGHT TO VOLUNTARY SERVICES

If you are 18 years of age or older, you have the right to request voluntary (by your own choice) services. If you are under 18 years of age, you usually must have the permission of a parent or guardian to receive services.

You have the RIGHT to:

- 1 Have a staff person assigned especially to you, to work with you in resolving your problem and coordinating services for you.
- 2 Have the reason for your admission explained to you.
- 3 An individualized, written service plan developed with your input and permission which will be reviewed on a regular basis.
- 4 Services to begin within a reasonable time.
- 5 Know how much money your treatment may cost and how the amount you must pay was decided at the time of your admission.
- 6 Services even if you cannot pay.
- 7 Another opinion regarding the services provided, but if you are someone outside the Center, it is at your own expense.

RIGHT TO REFUSE SERVICES

You have the RIGHT to:

- 1 Refuse any form of service unless the service has been ordered by a court or in emergency situations when necessary to prevent harm to you or others.
2. If you are receiving services involuntarily (not of your own choice), you have the right to a lawyer, court hearing, and an appeal of that court hearing decision by a higher court of law if you wish. If you cannot afford a lawyer, the court will appoint one for you
3. Be informed that without services, your situation may get worse.
4. Refuse to be photographed, filmed or tape recorded without your written permission.
5. Refuse to take part in experimental studies without your written permission.

RIGHT TO CONFIDENTIALITY (Privacy)

You have the RIGHT to:

- 1 Determine the amount of information to be released either to or from anyone outside the Center by signing a permission form.

- 2 Determine the length of time that information may be released and cancel your permission at any time. (However, information may be released without your permission in a medical emergency to save your life, or prevent injury to yourself or by a court order).
3. Within 48 hours, upon your written request, see your record in the presence of a trained staff person who will interpret the record for you. To obtain a copy of your record, you must submit a written report to Medical Records. A minimal fee will be charged for the record

RIGHTS PERTAINING TO RELATED WORK:

The following statements apply to persons served living in any of the Center facilities and/or participating in Center programs.

Your acceptance in certain Center programs may include the requirement of rehabilitative work-related activities as part of the treatment program.

You have the RIGHT to:

- 1 Participate in work-related activities on a voluntary basis.
- 2 Refuse to perform any work.
- 3 When you perform any work an employee would normally do, you must be paid according to Fair Labor Standards. (Tasks of a housekeeping nature are not considered wage earning labor).

RIGHT TO A HUMANE MENTAL AND PHYSICAL ENVIRONMENT:

You have the RIGHT to:

Center facilities that are comfortable and safe, promote dignity, and ensure privacy. (The following statements apply to persons served who live in any of the Center's facilities).

You have the RIGHT to:

- 1 Send and receive mail with privacy.
- 2 Make reasonable use of the telephone with privacy.
- 3 Religious worship.
- 4 Wear and use your own clothing and personal articles except for things of value and dangerous items which will be stored for safekeeping and returned to you when you leave.
- 5 Reasonable individual storage area.
- 6 Reasonable protection of privacy in toileting and bathing.
- 7 Have visitors according to established program policy unless otherwise ordered by the attending physician.
- 8 Be free from restraints and/or seclusion except in emergency situations and then only when the health or safety of yourself or others is in question. (This procedure is only permitted in our stabilization services and is strictly monitored by staff every 15 minutes, and is time limited to eight (8) hours per order.
- 9 Well balanced, regular and nutritious meals.
- 10 Manage your own money unless otherwise court ordered.
- 11 Vote in public elections, if eligible.
- 12 Report abuse by dialling 1-800-962-2873.

RIGHT TO INFORMATION:

You have the RIGHT to:

- 1 Be informed, both verbally, and in writing, of your RIGHTS. (Copies of the Rights will be displayed in all Center facilities and a copy given to you at the time of your admission).
- 2 Be informed, both verbally and/or in writing, if any rights are being taken away and you have the right to a review of this action by the Advocacy Subcommittee.
- 3 Be given information on developing and/or honoring Advance Directives.
- 4 Be informed of any actions, procedures or decisions that may affect you.
- 5 Be given a copy of our Treatment Plan.
- 6 Be notified and given a copy of the Notice of right To Release.
- 7 Be given a copy of the Notice of Right to Petition a Writ of Habeas Corpus and/or Redress of Grievance.
- 8 Be informed of AIDS prevention information.

RIGHT PERTAINING TO MEDICATION:

You have the RIGHT to:

- 1 The administration of medication only with the order of a physician.
- 2 A complete explanation of any medication, the possible side effects it may have on you and possible results of long-term use, in language you can understand.
- 3 A regular review of your medication. This would include possible elimination of your medication, a check for side effects or an adjustment to your medication.
- 4 Have accurate records kept noting your medication history, which includes any adverse medication reaction or drug allergies.
- 5 Have medication prescribed for you only when necessary.
- 6 Refuse medication except when it is court ordered, or when through an “emergency order”, it is necessary to prevent physical harm to yourself or others.

RIGHT TO A GRIEVANCE PROCEDURE:

Any Individual Served, or person acting on their behalf, may file an informal complaint verbally. If resolution cannot be mutually agreed upon, a formal (written) grievance may be filed.

Any Individual Served, or person acting on their behalf, may file a formal grievance as a notice of dissatisfaction regarding Center operation and /or staff action.

Formal grievances must be submitted in writing (Grievance Form will be provided) and include the following information: Your name, the incident, date and time of the incident, difficulties encountered and anticipated outcome.

You have received or will receive, as part of your Orientation to this Center, the Rights Pamphlet and the Responsibilities Pamphlet which include, among other items, your right to grieve and the procedure to follow to do so.

The grievance procedure involves a series of steps offering the possibility of satisfactory resolution **at each step**. However, you have the RIGHT to proceed through all of the steps. The Rights, Responsibilities and Ethics Committee Chair monitors and tracks all formal grievances.

The Center, when appropriate, will assign an advocate or staff person not involved in the complaint to assist you through the grievance process. The individual served or person acting on their behalf also has the right to contact Disability Rights of Florida or the Florida Abuse Registry at ANY TIME during the grievance process. The phone numbers for both are posted by the phone along with a copy of this policy and procedure.

Step 1: Bring the written grievance to a **staff member in the Program** where the occurrence has taken place. This staff member or their supervisor will immediately send a copy to the Chair of the Rights, Responsibilities and Ethics Committee and then either meet with you or present you with a written response within 48 hours. If the issue is resolved, the original Grievance Form will be submitted to the Chair of the Rights, Responsibilities and Ethics Committee and a copy will go with you.

Step 2: If this staff member cannot resolve the problem, or if you believe this staff member is the subject of your complaint you may give your written grievance to the **Supervisor/Program Manager** who will immediately send a copy to the Chair of the Rights, Responsibilities and Ethics Committee and will review the grievance and present you with a written response within 48 hours. If the issue is resolved, the original Grievance Form will be submitted to the Chair of the Rights, Responsibilities and Ethics Committee and a copy will go with you.

Step 3. If the Supervisor/Program manager cannot resolve the problem, you may bring your written grievance to the **Department Head** who will present you with a written decision concerning the grievance within 72 hours. The original Grievance Form will be submitted to the Chair of the Rights, Responsibilities and Ethics Committee and a copy will go with you.

Any complaints/grievances dealing with life safety issues will be met with immediate action by a Department Head to resolve the matter.

Appeal Process:

If the decision of the Department Head **does not** satisfy you, a written appeal may be submitted to the Facility Administrator or their designee.