

### **CLIENT BILL OF RIGHTS (VOCA)**

This Bill of Rights is in compliance with the Connecticut General Statutes, Section 17a-550. The client and the provider have a responsibility to each other to assure that the best possible service is provided and appropriately used. If you have difficulty understanding these rights, please ask a staff member to assist you.

It is the philosophy of the CCGC to provide mental health services at the earliest possible time in a child's life, with the least possible delay, and in the most time-and cost-efficient manner. The CCGC follows an eclectic orientation, viewing the child as a product of his family and his immediate environment as well as stressing intra-psychic factors.

#### **Each Client Family Has The Right:**

##### Services:

1. To considerate and respectful services.
2. To service provided by qualified personnel.
3. To reasonable response, within CCGC guidelines, to his/her requests for service and reasonable continuity of care.
4. To culturally sensitive services without discrimination as to race, color, religion, age, marital status, gender, sexual orientation, national or ethnic origin, or source of payment.
5. To accurate assessment of his/her personal and social needs.
6. To participate in the development of his/her specialized treatment plan that is reviewed at intake and ninety day intervals
7. To be informed in writing with parent/guardians written consent of specific types of treatment being provided including diagnostic assessment, individual, family, and group therapy, psychological consultation, psychiatric evaluation and medication management.
8. To have reasonable notice of his/her impending discharge and to actively participate in discharge planning, to foster continuity of care.
9. To refuse or terminate services.

##### Confidentiality and Privacy:

1. To privacy and confidentiality of all client information and records, except as otherwise provided by law, or third party payment contracts. It should be noted that CCGC staff are mandated by law to report suspected cases of sexual abuse, neglect, emotional and physical abuse of minors.
2. To have such records maintained in locked files within the agency and not be left unattended or visible.
3. To have electronic records and communication to be protected by passwords and/or encryption.
4. To know that prior written consent by the client or designated representative is required for release of information to persons not otherwise authorized under the law to receive it.
5. To privacy to the extent consistent with providing services. This shall not rule out communication regarding the case between appropriate and authorized agency personnel.
6. To privacy as stated in the Notice of Privacy Practices of the Health Insurance Portability and Accountability Act.

#### Request and Receive Information:

1. To be made aware of CCGC's policies: such as the criteria for admission to services; discharge from services; regulations and hours of service; and financial policies.
2. To have advance reasonable notice of and assistance with transfer to another agency or institution upon discharge.
3. To examine and receive an explanation of his/her bill for services, regardless of the payment source.
4. To receive a copy of the Client Bill of Rights at the time of the initial evaluation.
5. To the name and title of any employee in the CCGC providing or supervising his/her service including their education, professional credentials and experience. This information may be obtained by asking the treating clinician, or by contacting the supervisor at 860-643-2101

#### Voice Concern and Grievances:

1. To voice and suggest changes to agency staff.
2. To contact the Chief Executive Officer of the agency, if he/she feels there is a question about any violation of his/her rights or possible deficiencies in the service received, and to have appropriate follow-up on these deficiencies in the service received, and to have appropriate follow-up on his/her concern relative to services rendered.
3. To file a grievance by (a) requesting a Grievance Form from the Clinic receptionist; (b) completing the form, with descriptions of any concerns and requests; (c) submitting the form to the Clinic's Chief Executive Officer
4. To receive prompt response (within 2 working days) to any submitted grievance in the form of a telephone call from or interview with the Chief Executive Officer.
5. 1. To file a complaint with the Judicial Branch, State of CT., Administration Serv. Div., Human Resource Management Unit, 90 Washington St., Hartford, CT 06106—OR—State of CT Office of Civil Rights at 1-617-289-0111; FAX 1-617-289-0150; TDD 1-877-521-2171 or on line.

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