

# Client Rights and the Grievance Procedure for Community Services\*

## for Clients Receiving Services in Wisconsin for Mental Illness, Alcohol or Other Drug Abuse, or Developmental Disabilities

\*The term Community Services refers to all services provided in non-inpatient and non-residential settings.

### CLIENT RIGHTS

When you receive any type of service for mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin Statute sec. 51.61 (1) and DHS 94, Wisconsin Administrative Code:

### PERSONAL RIGHTS

- You must be treated with dignity and respect, free from any verbal, physical, emotional, or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- You may not be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid.
- You may make your own decisions about things like getting married, voting, and writing a will, if you are over the age of 18, and have not been found legally incompetent.
- You may use your own money as you choose.
- You may not be filmed, taped, or photographed unless you agree to it.

### TREATMENT AND RELATED RIGHTS

- You must be provided prompt and adequate treatment, rehabilitation, and educational services appropriate for you.

- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given to you without your written, informed consent, **unless** it is needed **in an emergency** to prevent serious physical harm to you or others, or **a court orders it**. [If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.]
- You may not be given unnecessary or excessive medication.
- You may not be subject to electroconvulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program, within the limits of available funding.

### RECORD PRIVACY AND ACCESS

Under Wisconsin Statute sec. 51.30 and DHS 92, Wisconsin Administrative Code:

- Your treatment information must be kept private (confidential), unless the law permits disclosure.
  - Your records may not be released without your consent, unless the law specifically allows for it.
  - You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
  - After discharge, you may see your entire treatment record if you ask to do so.
  - If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.
  - A copy of sec. 51.30, Wis. Stats., and/or DHS 92, Wisconsin Administrative Code, is available upon request.
- ### GRIEVANCE PROCEDURE AND RIGHT OF ACCESS TO COURTS
- Before treatment is begun, the service provider must inform you of your rights and how to use the grievance process. A copy of the Program's Grievance Procedure is available upon request.

- If you feel your rights have been violated, you may file a grievance.
- You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance.
- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.

## GRIEVANCE RESOLUTION STAGES

### Informal Discussion (Optional)

You are encouraged to first talk with staff about any concerns you have. However, you do not have to do this before filing a formal grievance with your service provider.

### Grievance Investigation—Formal Inquiry

- If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem. The program manager for good cause may grant an extension beyond the 45-day time limit.
- The program's Client Rights Specialist (CRS) will investigate your grievance and attempt to resolve it.
- Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.

- If you and the program manager agree with the CRS's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.
- You may file as many grievances as you want. However, the CRS will usually only work on one at a time. The CRS may ask you to rank them in order of importance.

### Program Manager's Decision

If the grievance is not resolved by the CRS's report, the program manager or designee shall prepare a written decision within 10 days of receipt of the CRS's report. You will be given a copy of the decision.

### County Level Review

- If you are receiving services from a county agency, or a private agency and a county agency is paying for your services, you may appeal the program manager's decision to the County Agency Director. You must make this appeal within 14 days of the day you receive the program manager's decision. You may ask the program manager to forward your grievance or you may send it yourself.
- The County Agency Director must issue his or her written decision within 30 days after you request this appeal.

### State Grievance Examiner

- If your grievance went through the county level of review and you are dissatisfied with the decision, you may

appeal it to the State Grievance Examiner.

- If you are paying for your services from a private agency, you may appeal the program manager's decision directly to the State Grievance Examiner.
- You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may ask the program manager to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is: State Grievance Examiner, Division of Care and Treatment Services (DCTS), PO Box 7851, Madison, WI 53707-7851.

### Final State Review

Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Care and Treatment Services or designee. Send your request to the DCTS Administrator, P.O. Box 7851, Madison, WI 53707-7851.

You may talk with staff or contact your Client Rights Specialist, whose name is shown below, if you would like to file a grievance or learn more about the grievance procedure used by the program from which you are receiving services.

### Your Client Rights Specialist is:

Hannah Keesler, MS, LPC  
Samaritan  
1205 Province Terrace  
Menasha, WI 54952

NOTE: There are additional rights within sec. 51.61(1) and DHS 94, Wisconsin Administrative Code. They are not mentioned here because they are more applicable to in-patient and residential treatment facilities. A copy of sec. 51.61, Wis. Stats. and/or DHS 94, Wisconsin Administrative Code is available upon request.



STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
Division of Care and Treatment Services  
[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)  
P-23112 (09/2016)



## NOTICE OF UPDATED PRIVACY PRACTICES

This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others, and how you can get access to the same information.

**Please review this notice carefully.**

Samaritan is required by law to maintain the privacy of your health information. Samaritan is also required to provide you with a notice that describes Samaritan's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this notice or if you want more information about Samaritan's privacy practices, please contact Samaritan Privacy Official, 1205 Province Terrace, Menasha, WI 54952.

### HOW SAMARITAN MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

#### **To Provide Treatment**

We may use or disclose your health care information in the provision, coordination or management of your health care. Our communications to you may be by telephone, cell phone, e-mail or by mail, according to your preferences. For example, we may use your information to call and remind you of an appointment or to refer your care to another health care provider. If another provider requests your health information and they are not providing care and treatment to you we will request an authorization from you before providing your information.

#### **To Obtain Payment**

Samaritan may include your health information in invoices to collect payment from third parties for the care you may receive here. For example, Samaritan may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Samaritan. **By signing the "Fee Agreement for Professional Services" form**, you are giving your permission to do this. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

#### **To Conduct Health Care Operations**

We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received. If the activities require disclosure outside of our health care organization we will request your authorization before disclosing that information.

### HOW SAMARITAN MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

#### **When Legally Required**

Samaritan will disclose your health information when it is required to do so by any federal or local law.

#### **To Protect Public Health**

We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting

problems with products and reactions to medications to the Food and Drug Administration.

**PLEASE NOTE:** Licensing requirements may mandate additional reporting based upon their standards such as to prevent or control body/head lice, etc.

#### **To Report Abuse, Neglect or Violence Against a Child**

Samaritan is allowed to notify government authorities if Samaritan believes a child is the victim of abuse, neglect or domestic violence. Samaritan will make this disclosure when specifically required or authorized by law or, **when you agree to the disclosure**, if you are 18 or older.

#### **To Conduct Health Oversight Activities**

Samaritan may disclose your health information to a health oversight agency for activities including audits, civil administration or criminal investigations; inspections; licensure or disciplinary action. Samaritan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits, i.e. Social Security.

#### **For Law Enforcement Purposes**

As permitted or required by state law, Samaritan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

#### **To Coroners and Medical Examiners**

Samaritan may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

**In the Event of a Serious Threat to Health or Safety** Samaritan may, consistent with applicable law and ethical standards of conduct, disclose your health information if Samaritan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or to the health and safety of the public.

#### **For Specified Government Functions**

In certain circumstances, Federal regulations authorize Samaritan to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation** Samaritan may release your health information for Worker's Compensation or similar programs.

### **WHEN SCC IS REQUIRED TO OBTAIN AN AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of treatment referrals/alternatives and marketing require your authorization. Your written authorization is also required to contact you for fundraising purposes, and you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health Information that Samaritan maintains:

#### **Right to Request Restrictions**

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment of your care. If you would like to make a request for restrictions, you must submit your request in writing to Samaritan Privacy Official, 1205 Province Terrace, Menasha, WI 54952.

#### **Right to Receive Confidential Communications**

You have the right to request that Samaritan communicate with you in a certain way. For example, you may ask that Samaritan only conduct communications pertaining to your health information with you privately and with no other family members present. Samaritan will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. For example, records of minor children may be released to parents without a minor child's permission. Exceptions include Alcohol and Other Drug Abuse records; and developmentally disabled persons.

#### **Right to Inspect and Copy Your Health Information**

You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form, e.g. PDF saved to a CD. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to Samaritan Privacy Official, 1205 Province Terrace, Menasha, WI 54952. We may charge you a reasonable fee to cover our expenses for copying your health information.

**Right to Request an Amendment of Your Health Information** If you believe your health information is incorrect, you may ask us to amend the information. You will be asked to make such a request in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

#### **Right to an Accounting**

You or your representative has the right to request an accounting of disclosures of your health information made by Samaritan for certain purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Official, HIPAA Officer, Samaritan, 1205 Province Terrace, Menasha, WI 54952. The request should specify the time periods for the accounting, starting April 14, 2003. Accounting requests may not be made for periods in excess of six (6) years. Samaritan will provide the first accounting you request of any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. We must comply with your request within 60 days unless you agree to a 30-day extension.

#### **Right to a Paper Copy of Notice**

You or your representative has the right to a separate paper copy of this Notice at any time even if you or your representative has received this notice previously. To obtain a separate paper copy, please contact our office at (920) 886-9319.

#### **Duties of Provider**

Samaritan is required by law to maintain the privacy of your health information and to provide you and your representative with this Notice of our duties and privacy practices. Samaritan is required by law to notify you following a breach of unsecured protected health information. Samaritan is required to abide by the terms of this Notice, which may be amended from time to time.

Samaritan reserves the right to change the terms of our Notice and to make new Notice provisions effective for all health information that it maintains. If Samaritan makes a material change to this Notice, Samaritan will make the new notice available to you at your request and will post the new notice at the location of service. You or your representative has the right to express complaint to Samaritan and the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Samaritan should be made in writing to the Privacy Official, HIPAA Officer, Samaritan, 1205 Province Terrace, Menasha, WI 54952. Samaritan encourages you to express any concerns you may have regarding the PRIVACY of your information. You will not be retaliated against in any way for filing a complaint.

#### **CONTACT PERSON**

Samaritan has designated the Privacy Official as our contact person for all issues regarding client privacy and your rights under the Federal Privacy Standards. You may contact this person at Samaritan 1205 Province Terrace, Menasha, WI 54952 or at (920) 886-9319.

#### **EFFECTIVE DATE**

This revised Notice is effective September 23, 2013. If you have any questions, please contact Privacy Official, HIPAA Officer, Samaritan, 1205 Province Terrace, Menasha, WI 54952 or (920) 886-9319.

*Resources from the HIPAA Collaborative of Wisconsin were used in the creation of this notice.*