

VIVENT HEALTH

RIGHTS AND RESPONSIBILITIES

(To be translated or read aloud to client/patient if they are unable to read or understand this document)

Service Rights: Each patient/client receiving services from VIVENT HEALTH has the following rights:

- To be fully informed, as evidenced by the patient's/client's written acknowledgment at the time of enrollment and during the course of services, of these rights and responsibilities;
- To be fully informed, at the time of admission and during the course of service, of the services and financial benefits available at this agency;
- To voice opinions, concerns, or complaints, and recommend changes in policies and services, through appropriate staff;
- To file a grievance which will be responded to according to Vivent Health Grievance Procedures.
- To access eligible services regardless of ability to pay or past health condition.

Service and Treatment: Each patient/client enrolled in or receiving relevant Vivent Health services has the following rights:

- To be fully informed of available psychosocial and medical interventions; given the opportunity to participate in the planning of interventions; and may refuse interventions recommended by staff;
- To choose a licensed, certified, or registered health care provider as feasible;
- To receive adequate and appropriate professional service within the capacity of the agency and be informed of any limitations of Vivent Health services;
- To participate in the development and periodic revision of treatment and service plans.
- To confidential protection of records and to refuse their release to any individual or entity outside the agency, except as required or allowed by law;
- To choose preferred and reasonable methods of communication with Vivent Health staff, when reasonable;
- To be free from discrimination based on age, arrest/conviction record, national origin, ethnicity, race, sex, color, gender identity, ancestry, disability, marital status, pregnancy, religion, sexual orientation, or other protected category;
- To be informed of the identity and role of staff responsible for service or care, and the identity and role and status of others involved in interventions;
- To obtain reasonable access to their own health information and request amendment to it, as permitted under applicable law;
- To designate a person(s) who will participate in discussions with providers for medical care, dental care, housing assistance, legal assistance, testing, and case management. Participation in care decisions by persons other than a patient receiving mental health care will be determined by the mental health care provider, as appropriate;

- Upon request, to be informed both orally and in writing, in advance of the care being provided, of the charges, including payment for care/service expected from third parties, when possible, and any estimated charges for which the client/patient may be responsible;
- To receive services in a safe, secure, confidential, respectful and accessible environment.
- To receive meaningful access to services and treatment, regardless of limited English proficiency, including oral interpretation and translated vital documents in a language or format understandable to the client/patient
- To receive accessible and reasonable services and treatment regardless of disability.
- To dis-enroll or opt out of any service or program, including the HIV Medical Home.

Patient/Client Responsibilities: Each patient/client receiving services has the following responsibilities:

- To follow the service plan recommended by staff and agreed to by the patient/client. This may include following instructions of affiliated health professionals;
- To inform the service provider immediately if instructions are not understood, or if they cannot be completed;
- To ask about possible results or outcomes, should interventions or instructions not be followed;
- To supply accurate and complete information about conditions, concerns, complaints, and difficulties relating to needs;
- To provide Vivent Health staff with information and documentation to assist with program eligibility, such as proof of income, residency and insurance.
- To notify the program staff of any change in status (including address, phone, finances, benefits, health, service needs);
- To notify the program staff of any desire to dis-enroll or opt out from any service or program.
- To follow agency rules and regulations, and to be considerate of the rights, privacy, and property of other patients/clients and of agency staff and volunteers.
- To treat everyone at Vivent Health with respect to physical, verbal or sexual harassment of staff or other clients, swearing or disorderly conduct will not be tolerated.

I have read and/or have had explained to me these Rights and Responsibilities.

With my signature I am stating that I understand and agree to these service provisions. A signed photocopy of this shall be considered as valid as the original.

Patient/ClientSignatureDate

Parent/Guardian (when appropriate)Date