

**Southeast Health Group**  
*Partnership for Progress*  
**Client's Rights & Responsibilities**

Partnership for Progress (PFP) wishes to inform you of your rights & responsibilities as a willing client. Your provider will tell you your rights and/or answer any questions about these rights during your first two (2) visits.

1. You have the right to receive information about PFP services, benefits, providers, client's rights and responsibilities and clinical guidelines. You have a right to receive this information in a manner and format that is understandable and appropriate to your condition.
  - ❖ You are responsible for understanding your benefits, what's covered and what's not covered.
  - ❖ You are responsible for understanding that you may be responsible for payment of services you receive that are not included in the Covered Services List for your coverage type.
2. You have the right to receive oral interpretation services free of charge for any materials in any language.
3. You have a right to be treated with courtesy, respect and dignity by all staff as a respected client at Partnership for Progress. PFP prohibits unlawful discrimination based on race, color, religion, national origin, gender, age, veteran status, disability, gender expression, health status, sexual orientation, marital status, or social economic status. You have the right to receive culturally appropriate and competent services from staff.
  - ❖ It is your responsibility to treat the staff at Partnership for Progress with courtesy, respect & dignity as well.
4. You have the right to have all communication regarding your health information kept confidential by PFP staff and contracted providers, to the extent required by law.
5. You have a right to receive services that fit your needs, the right to participate in the development of mutually agreed upon treatment goals and the right to actively participate in decisions regarding your health care. You have a right to be treated in the least restrictive setting as long as PFP has the on-hand resources. Please ask your provider what least restrictive setting means.
  - ❖ It is your responsibility to inform your provider what you need.
  - ❖ It is your responsibility to provide information, to the best of your ability, to PFP treating providers that is necessary to ensure effective behavioral healthcare for you.
  - ❖ It is your responsibility, to the best of your ability, to understand your behavioral healthcare needs and participate in your treatment including developing, following and revising as necessary, mutually agreed upon treatment and aftercare plans.
  - ❖ It is your responsibility to contact PFP, if you are experiencing a mental health or substance abuse emergency.
6. You have a right to have your provider tell you about the available treatment options and alternatives, and any medication that may be used, including the benefits, risks, and side effects. Family member may be included when appropriate and/or requested. Treatment planning discussions may include all appropriate and medically necessary treatment options, regardless of benefit design and/or cost implications. This information will be presented to you in a format appropriate to your condition and ability to understand, as well as in an alternative format if you have a visual, reading, or other limitation that may keep you from understanding the

information communicated to you. You have a right to refuse treatment, to the extent allowed by the law, as a willing client of Partnership for Progress unless there becomes an emergency in which you may be dangerous to yourself or others, or gravely disabled due to a mental illness, or in those cases where a court order requires your participation in receiving services.

- ❖ It is your responsibility to tell your provider when you do not understand or disagree with your treatment plan or want to change it.
  - ❖ It is your responsibility to tell your provider when you want to find out more information about services, when you experience any risks or side effects from medication, when you want to end treatment or change providers.
  - ❖ It is your responsibility to take medications as agreed upon between you and your prescriber.
  - ❖ It is your responsibility to come to appointments on time and call the office if you will be late or not able to keep your appointment.
7. As part of the admission process at PFP, you will be asked to sign a form called, Consent for Treatment and Acknowledgement of Information Received, which will tell you about your provider's professional degree and credentials.
- ❖ It is your responsibility to ask about the professional degree if you want to know more.
8. You have the right to decide who will make medical decisions for you if you cannot make them.
9. You have the right to give or refuse consent for treatment and give or refuse consent for communication of treatment information to your PCP and/or other behavioral health providers.
- ❖ You are responsible for choosing a primary care provider and site for the coordination of all your medical care.
  - ❖ You are responsible for carrying your HP/MCO member ID card and showing the card whenever you seek treatment.
10. You have the right to obtain information regarding your own treatment record with signed consent in a timely manner and have the right to request an amendment or correction be made to your medical records.
11. Behavioral health professionals are required to maintain records of the people they serve, 18 years of age and older, for a period of ten (10) years from the date of termination of services. Under Colorado law (C.R.S. 12-43-224), if you feel we have violated the law regarding maintenance of records for an individual 18 years of age and older, you must file your complaint or other notice with the Division of Professions and Occupations within seven (7) years after you discover or reasonably should have discovered the violation. All records will be maintained as required under Colorado law. Please be advised that records for an individual 18 years of age and older may not be maintained after the seven-year period.
12. Southeast Health Group strives to provide assistance in obtaining preventive healthcare to avoid occurrence of disease either through eliminating disease agents or increasing resistance to disease. Preventative measures include but are not limited to immunizations, dental screening, avoiding tobacco, and maintaining a healthy lifestyle. Early and Periodic Screening Diagnostic and Treatment (EPSDT) Services are available without cost for Medicaid members age 20 and under. EPSDT services includes the following: informing, screening (assessment), diagnosis treatment, physical, mental, and substance abuse services, discretionary services (e.g. medically necessary wrap-around services), referral, care coordination, transportation, scheduling assistance. Transportation and scheduling assistance is available upon request to the Provider. The EPSDT will access

children's health needs through initial and periodic examinations and evaluations to assure the health problems are diagnosed and treated early before they become more complex. The Provider will identify children and adolescents who are eligible and will contact the Primary Care Physician or Pediatrician to determine if EPSDT has been completed. If the EPSDT has not been completed, the Provider will request that the Primary Care Physician/Pediatrician complete the EPSDT and make a referral to the Provider if the screening results need mental health intervention. If the child or adolescent does not have a Primary Care Physician or Pediatrician, a Health Navigator will assist them in finding a Primary Care Physician or Pediatrician.

13. Partnership for Progress is committed to protecting your Protected Health Information (PHI) which is the health and treatment information that becomes part of your client record. Complete information regarding how we may use and disclose information about you, either with or without your permission, can be found in our Notice of Privacy Practices given to you during the initial intake process. If you feel your privacy rights have been violated, you may contact the Compliance Officer, Janet Carrillo, at 711 Barnes Ave., La Junta, CO or at (719) 384-5446.

- ❖ It is your responsibility to report to PFP if you feel your privacy has been violated.

14. You have the following rights regarding your Protected Health Information (PHI):

- a. The right to inspect and request a copy of the health information that may be used to make decisions about your care. A reasonable fee to cover the costs of copies will be charged to you.
- b. The right to ask for the PHI to be amended if you feel the information is not complete or not correct.
- c. The right to request a restriction or limitation on the PHI disclosed about you.
- d. The right to request an accounting or list of disclosures of PHI made about you.
- e. The right to request to be contacted at a certain telephone number and/or address.

- ❖ It is your responsibility to ask if you don't understand these rights.

- ❖ It is your responsibility to give advanced notice in writing to your provider, Client Advocate or Compliance Officer so you can look at your PHI.

- ❖ It is your responsibility to tell your provider which telephone number and/or address you want to be contacted at.

You have a right to file a complaint concerning your services or treatment. The Client Advocate at Partnership for Progress will inform you of the rules and help you with the grievance process. The services you receive will not be at risk and you will not be punished for filing a complaint. You can contact the Client Advocate, Kristi Roe, at 711 Barnes Ave, La Junta, CO, or at one of the following phone numbers: (800) 511-5446 or (719) 384-5446. If you are not satisfied with the outcome of your complaint, you may contact the Health Colorado Member and Engagement Specialist at (888) 502-4185.

- ❖ It is your responsibility to start the complaint process by talking to the Client Advocate.

15. You have the right to submit a complaint or concern (or have a designee do so on your behalf), verbally or in writing, about the care you have received.

16. If it is necessary to change your provider, you will be given reasons for the change (if professionally appropriate) and PFP staff will seek your cooperation so the transfer process from one provider to another will go smoothly.
  - ❖ It is your responsibility to ask questions about the change taking place and cooperate with the transfer to a new provider.
  
17. You have the right to end your treatment at Southeast Health Group unless you are under an involuntary treatment certification. You may ask your provider what involuntary treatment certification means. SHG also has the right to end services provided to you for cause that will be fully explained to you at the time of your services ending. “Cause” is defined as any of the following:
  - a. A documented, ongoing pattern of failure on the part of the Patient to keep scheduled appointments or meet any other Patient responsibilities.
  - b. The Patient fails to follow the recommended treatment plan or medical instructions.
  - c. The Patient moves out of the Southeast Health Group catchment area.
  - d. The Provider cannot provide the level of care necessary to meet the Patient’s needs.
  - e. The Patient needs related services to be performed at the same time, not all related services are available within SHG, and the Patient’s Provider determines that receiving the services separately would subject the Patient to unnecessary risk.
  - f. Abuse or intentional misconduct of any of the following:
    - i. Behavior of the Patient and/or Patient’s family that is disruptive or abusive to the extent that the Provider’s ability to furnish services to either the Patient or other Patients is impaired.
    - ii. A documented, ongoing pattern of failure on the part of the Patient to keep scheduled appointments, follow the recommended treatment plan, medical instructions, or meet any other Patient responsibilities.
    - iii. Behavior of the Patient that poses a serious threat of harm to the Provider, staff, and/or other Patients.
    - iv. Any other reasons satisfactory to the Department of Health Care Policy and Financing (HCPF).
  - ❖ It is your responsibility to ask questions if you do not understand why treatment is ending.
  
18. You have the right to have an Advanced Directive. You have a right to receive services whether or not you have an Advanced Directive.
  - ❖ It is your responsibility to ask your provider or the Client Advocate if you need help in developing an Advanced Directive.
  - ❖ You can contact the Client Advocate, Kristi Roe, at 711 Barnes Ave, La Junta, Colorado, or at one of the following phone numbers: (719) 384-5446 or (800) 511-5446.
  
19. You have the right to contact Health Colorado Member Engagement Specialist at (888) 520-4185 to obtain a copy of Health Colorado’s Member’s Rights and Responsibilities Statement. You may also access their website at: [www.healthcoloradorae.com](http://www.healthcoloradorae.com). You may make recommendations about the member rights and responsibilities statement to the Ombudsperson for Health First Colorado Managed Care. The Ombudsman is an Advocate who helps members. You can contact them at (877) 435-7123.
  
20. You have the right to participate in the Health Colorado Member Experience Advisory Council. You may make recommendations about the member rights and responsibilities statement to the council.
  
21. You have the right to exercise these rights without having your treatment adversely affected in any way.

22. You have the right to be free from restraint and seclusion as a means of coercion, discipline, convenience, or retaliation.
23. You have the right to access emergency care 24 hours a day, 7 days a week.