

Part B Patient Care Program

Client Rights, Responsibilities and Grievance Procedure

Client Rights

- You have the right to receive timely, respectful, high quality services from the staff of all providers without regard to age, ethnicity, gender, disability, religion, sexual orientation, values and beliefs, and marital status.
- You have the right to request copies of all signed documents and have access to your service record.
- You have the right to choose the provider and the type of services and care required within the scope of clinical responsibility.
- You have the right to receive current information and education about the disease, the medications, treatment and self-help measures.
- You have the right to appeal decisions with which you do not agree and to complete a client grievance form when necessary.
- You have the right to request an interpreter to enhance communication.
- You have the right to refuse recommended treatment plans as allowed by law and withdraw from services at any time.

Client Responsibilities

- You are responsible to conduct yourself in a courteous and respectful manner.
- You are responsible to keep all appointments or notify your service provider when an unplanned event interferes with your scheduled appointment.
- You are responsible to work with your Case Manager in the development of your care plan designed to help you reach your goals.
- You are responsible to provide all documentation needed for your initial certification and recertification for any eligible programs or services.
- You are responsible to notify your Case Manager when you have problems obtaining services or when you are dissatisfied with your care.
- You are responsible for following the instructions of your health care provider to the best of your ability.
- You may be responsible for a portion of the costs of your health care services.
- You are responsible to notify and provide verification to your Case Manager within 10 business days of any changes with your address, phone number, income, and/or household composition.

Grievance Procedure

- If you are dissatisfied with the services that you are receiving, please follow your service provider's grievance process to voice a complaint or grievance. If you are unable to resolve the issue with your service provider within 10 business days, you may contact the Lead Agency to file your written complaint or grievance at: 1940 Cannery Way, Orlando, Florida 32804, (407) 429-2189.
- The Lead Agency's Office will respond within 2 business days of receipt of the grievance or complaint advising you of the next step in the process.
- Grievances or complaints that are not resolved by the Lead Agency are sent to the HAPC Office. The decision of the HAPC Office is final.

I have received a copy of this form and I am fully aware of my Rights, Responsibilities and the Grievance Procedures outlined above. I understand that any misrepresentation of information or failure to disclose requested information may disqualify me from participation in the Part B Patient Care Program, and may be grounds for termination of assistance.

Client Name

Client Signature

Date

Case Manager Name

Case Manager Signature

Date