

COMPLAINTS

Consumers have the right to address complaints verbally or in writing to the staff of the program from which they receive services, the program director, and/or the Agency's Recipient's Rights Advisor. Clients also have the right to receive a copy of this brochure at the time the complaint is made.

HOW TO MAKE A COMPLAINT

- First, discuss the issue with your counselor or therapist you regularly see. If you are not satisfied, contact:
- The Chief Operations Officer, Andrea Calabrese (517) 882-4000, ext. 112. If you are not satisfied, contact:
- The Recipient Rights Advisor of Child and Family Charities – Elizabeth Gonzalez (517) 882-4000, ext. 124.

Staff of Child and Family Charities, shall receive, investigate and respond to your complaint in writing, within ten (10) working days and shall notify the immediate program director of the complaint and any action taken.

Consumers who receive services from Child and Family Charities, as a result of contracts with the State of Michigan Department of Health and Human Services (DHHS) or Community Mental Health also have access to the recipient rights offices of these agencies.

If you receive Foster Care and Adoption services, you may contact: the Department of Human Services/Ingham County at (517) 887-9400

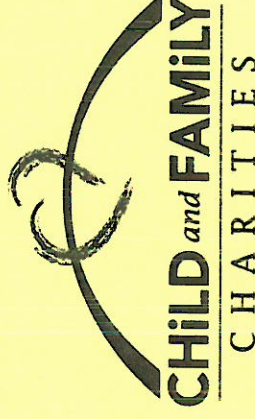
Child and Family Charities
4287 Five Oaks Drive
Lansing, MI 48911
Phone: 517-882-4000
FAX: 517-882-3506
www.childandfamily.org

CHILD AND FAMILY CHARITIES

BEHAVIORAL HEALTH DIVISION CONSUMER RIGHTS AND RESPONSIBILITIES

AND

HOW TO MAKE A COMPLAINT



Child and Family Charities, is a non-sectarian, not-for-profit agency, serving residents of Clinton, Eaton, Ingham and Shiawassee counties. We are dedicated to serving all segments of our community. Our programs include Counseling, Adolescent Substance Abuse Treatment Services, Foster Care and Adoption. Some of our programs are funded by the Capital Area United Way.

YOUR RESPONSIBILITIES

You have certain rights and responsibilities. You are responsible:

- To keep appointments and arrive on time. If you are unable to keep the appointed time, please call in advance. Also, let the staff know of any change in your address or phone number so that your record is kept current.
- For providing clear and accurate information about yourself and for following your treatment plan.
- Other clients and staff also have the right to the same respect, privacy and confidentiality. In fact, you are expected to maintain the confidentiality of others while you are receiving treatment.
- Like other expenses, such as rent or groceries, you are also responsible for treatment costs in your fee contract. This amount may be part of or all of the costs, depending on the coverage of your health insurance or other benefit providers. Please discuss the manner of payment with your social worker or a member of the business office staff.
- As an agency, we have the right to expect that our clients will conduct themselves in a manner that does not pose a danger to themselves or others. Dangerous or unpleasant behavior or substance abuse may result in a request to leave the agency. Both staff and clients are expected to use courtesy in their relationships.
- We have the right to terminate treatment if agreement on goals and methods to attain those goals cannot be reached.

YOUR RIGHTS

You have the right:

- To have information about you or your family kept confidential unless you have given your written consent or unless otherwise required by law. You must sign a release of information if you wish your therapist or caseworker to talk to or send a report to someone else. Current law allows information about you to be released if you pose a danger to yourself or others and requires the reporting of suspected child abuse and neglect.
- To review your case record in the presence of your counselor unless the Chief Operations Officer decides it is in your own or another's best interest not to do so.
- To appeal any decisions made by professional staff of the agency regarding services provided.
- To a clear explanation of any treatment or services used or recommended, including any medication and its side effects.
- To refuse services, treatment, or medication.
- To review the agency fee schedule and receive an explanation of your bill upon request.
- To be treated with dignity and respect during your treatment. No research photographs or videotapes will be done without your written consent. Once treatment is completed, all photos or videotapes to which you consented will be given to you, or otherwise disposed of as specified in the consent form.
- Not to be discriminated against on the basis of color, race, sex, age, marital status, sexual preference, or handicaps.