

Client/Patient Rights and Responsibilities

Polara Health, 3343 N Windsong, Prescott Valley, AZ (928) 445-5211

Clients/ patients within the Polara Health system of care will be afforded all rights and responsibilities defined in applicable State of Arizona, Federal and Joint Commission standards.

Client/Patient Responsibilities

- Providing information: You and your family, as appropriate, must provide to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your behavioral and physical health. You and your family must report perceived risks in your care, treatment and service and unexpected changes in your condition. You can help Polara Health staff understand your environment by providing feedback about service needs and expectations.
- Asking questions. You and your family, as appropriate, must ask questions when you do not understand your care, treatment and service or what you are expected to do.
- Following instructions. You, your family, and others that you may choose, will be involved with Polara Health staff in determining your care, treatment and service plan. You should express any concerns about your ability to follow the proposed care plan or course of care, treatment and services. Polara Health staff will inform you and your family about the proposed care, treatment and services as well as alternatives. You and your family will be informed about the possible consequences of not following the recommended course of treatment. Once agreed upon, you are responsible to follow the care, treatment and service plan developed.
- Accepting consequences. You and your family are responsible for the outcomes if you do not follow the care, treatment and service plan.
- Following rules and regulations. You and your family, visitors and support system must follow Polara Health's rules and regulations. These are available in the inpatient and residential programs, and can be provided upon request.
- Showing safety, respect and consideration. You and your family must follow safety guidelines and must be considerate of Polara Health's staff and property, as well as other clients and their property. Polara Health reserves the right to pursue legal action, both criminal and civil, resulting from injury, damage and/or attempts to interfere with business.
- Meeting financial commitments. You and your family should promptly meet any financial obligation, or co-pay, agreed to with the organization.
- Communication. You and your family are encouraged to voice positive comments, as well as concerns and complaints, to those working with you in order to effectively partner and foster open communication. When it is appropriate, electronic communication (email) may be used to coordinate your care.

Client/ Patient Rights

- The Right to access care, regardless of race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment.
- The Right to access information regarding rules and regulations regarding Client's responsibilities and conduct, especially any which might restrict personal liberty.
- The Right to entry into care that is timely, reasonable and appropriate to Client's needs
- The Right to respect for personal privacy including the right not to be fingerprinted and photographed without consent except as provided by ARS 36-507(2) and maintaining confidentiality of information regarding Clients and their families.
- The Right to give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to ARS 36-5, is necessary to save the Client's life or physical health, or is provided according to ARS 36-512.
- The right to receive a referral to another agency if the provider is unable to provide a behavioral health service that the member requests or that is indicated in the member's treatment plan.
- The right to be free from abuse, neglect, coercion, manipulation or harassment from staff, other clients, or visitors that result in physical harm, pain, or mental anguish.
- The Right to individualized treatment, including:
 - Adequate and humane services, regardless of financial support from the Client or financial incentives for the providing agency
 - Care provided in the least restrictive environment possible
 - Individualized treatment plan
 - Periodic review of the treatment plan
 - Qualified staff to carry out the treatment plan
- The Right to care that is respectful of Client's and family's values, culture, and beliefs.

- The Right to communication of all rights with respect and attention to the language, vision and hearing needs of the individual as well as the person's cultural values.
- The Right to access advocacy services in order to understand, exercise and protect the Client's rights.
- The Right to information regarding methods for resolving conflict and Client complaints, including access to formal complaint/grievance procedures.
- The Right to exercise all other rights provided by law including those for consumers of mental health services set forth in ARS 36-504 through 514 and for persons with a Serious Mental Illness set forth in ARS 9-21-201 thru 209.
- The Right to be involved in decisions about care and services, including the resolution of conflicts, in order to promote dignity, autonomy, self-determination and informed decision-making.
- The Right to access, upon request, to their own medical records in accordance with state law, to include that this record be amended or corrected.
- The Right to have a confidential medical record.
- The Right to be assisted by legal counsel of the Client's choice, at the Client's expense.
- The Right to involvement of family members or guardians in treatment planning and care decisions, as is appropriate and desired by the Client.
- The Right to designate a surrogate decision-maker (a designated representative) if the Client is incapable of understand a proposed treatment, or is unable to communicate his/her wishes regarding care.
- The Right for Clients and their families to receive assistance in determining the need for guardianship which ensures that the Client is the primary beneficiary.
- The Right to privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, except as required by treatment.
- The Right to information about the credentials or skills of employees involved in their care.
- The Right to accurate information regarding the cost of services and accurate charges for services received.
- The Right to protection of Client rights during any research, experimentation, or clinical trials in which the Client chooses to participate.
- The Right to review Licensure rules, and report of most recent Licensure inspection of provider premises.
- The Right to refuse services as outlined in ARS 36-512 and 36-513.
- The Right to a smoke free environment.
- The Right to pastoral services.
- The Right to appropriate assessment and management of pain.
- The Right to refund for payments made when services are not received, or if an overpayment for services is made.
- The Right to form Advance Directives and have the agency comply.
- The Right to have family and/or PCP notified of admissions.
- The Right to have freedom from restraints and seclusion in any form when used as a means of coercion, discipline, convenience for staff or retaliation.
- The Right to a safe environment and safe care.

Clients will receive a copy of their rights, in a language they understand. If a state-funded/HCIC Client, they will also receive a Health Choice Integrated Care member handbook. Documentation of receipt of these rights and this handbook will be placed in the client's chart.

I have read the above client/patient rights and responsibilities. A copy of these rights has been made available to me. I understand my rights as stated above; they have been verbally explained to me. If applicable, I have also received a copy of the aforementioned member handbook.

_____	_____
Client Signature	Date
_____	_____
Client Name (Print)	Client ID #
_____	_____
Guardian Signature (if applicable)	Date
_____	_____
Witness	Date