

Legacy Behavioral Health Services

Private Home Care Services Rights and Responsibilities

Services to individuals must be given without discrimination based on political affiliation, religion, race, color, gender, mental or physical handicap, national origin, or age.

Rights

- A. The right to be informed about your plan of service and participate in the planning.
- B. The right to promptly and be fully informed of any changes in your plan of service.
- C. The right to accept or refuse Residential Services.
- D. The right to be fully informed of the charges for all services including Residential Services.
- E. The right of confidentiality of your consumer record and Personal Health Information.
- F. The right to have your property and residence treated with respect.
- G. The right to obtain a copy of Legacy Behavioral Health Services' most recent completed report of licensure inspection upon written request.
- H. The right to be advised that you and your guardian, if applicable, must advise LBHS of any changes in your condition or any events that affect your service needs.
- I. The right to be informed of the supervising staff and their contact information.
- J. The right to be informed of the complaint procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the Ethics Committee within a reasonable period of time.
- K. The right to contact Healthcare Facility Regulation-Department of Community Health for information about licensing requirements at:

Healthcare Facility Regulation (HFR) Department of Community Health
2 Peachtree Street, NW Suite 33.25
Atlanta, GA 30303
404-657-5700

Responsibilities

- A. I am responsible for asking questions if I do not understand something or have any concerns.
- B. I am responsible for being active in my services by helping to plan my outcomes and giving input into the services I receive.
- C. I am responsible for following my recovery plan.
- D. I am responsible for keeping my case manager and workers informed of my progress and any problems which I am having.
- E. I am responsible for providing accurate financial disclosure before services begin.
- F. I am responsible for informing LBHS staff of any changes in my financial status, insurance, or other third-party coverage.
- G. I am responsible for paying my fair share of the services I receive at the time the services are offered unless I have made other arrangements in advance.
- H. I am responsible for keeping my appointments. If for some reason I cannot keep my appointment, I will notify staff as soon as possible. I understand that if I do not notify staff at least 24 hours in advance, I may be charged for a missed appointment.
- I. I am responsible for reporting any complaint which I may have. If I have a complaint, I understand that I am first to contact staff or their supervisor. If I do not feel that appropriate actions have been taken, then I can contact:

If at any time I feel that my rights have been violated or if I have any concerns or questions, I may contact:

- A. Heather Hatchett Chairperson, Consumer Rights, Responsibilities and Ethics Committee 3120 N. Oak St. Ext. Ste. C, Valdosta, GA 31602 229-671-6109

- B. Department of Community Health 2 Peachtree Street, NW, Atlanta, GA 30303 404-656-4507

- C. Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Office of External Affairs, 2 Peachtree Street, 24th Floor, Atlanta, GA 30303 404-657-5964

I have read, reviewed, and understand the Individuals' Rights and Responsibilities

Person Served /Guardian Signature

Date

Staff Member Signature

Date