



CLIENT CONSENT AND ACKNOWLEDGEMENTS & COMPLAINT AND GRIEVANCE PROCEDURE

Mental Health Services

I. CLIENT RIGHTS AND RESPONSIBILITIES

The Jewish Social Service Agency ("JSSA") is pleased to provide you with services. We will do our best to serve you well. As a JSSA client,

You have the right to:

1. Competent, concerned, individualized care without discrimination of race, color, gender identity, sexual orientation, age, religion, national origin, marital status, political belief, or disability.
2. Receive language assistance services, free of charge.
3. Be treated with dignity, consideration, and respect.
4. Be informed about (a) the general goals and timelines proposed for your therapy/service, (b) the diagnosis of your condition if applicable, (c) the risks and benefits associated with your treatment/service, (d) the alternatives to the proposed therapy/service available to you, (e) the risks of not being treated/served, and (f) the prospects for treatment/service success.
5. Ask about our professional qualifications and education backgrounds.
6. Discuss any concerns you have about care with your workforce member. If you desire, you may also request a private conference with the workforce member's supervisor, program supervisor, Department Director, or Director of Compliance and Continuous Quality Improvement of JSSA to resolve any problems you have with the professional services you are receiving.
7. To submit a complaint or grievance regarding the services you receive at JSSA without fear of penalty or loss of services.
8. Be notified in advance, if possible, about necessary changes in the workforce member assigned to your case.
9. Make suggestions as to how our services may be improved.
10. Be informed in advance about JSSA's charges for the services you will receive.
11. Question and discuss your payment obligations, your bills, and other related payment concerns with the Billing Supervisor.



12. Review and request copies of your record and information about your services.
13. Be informed about our policies and procedures to protect your privacy to the fullest extent under state and federal law, and make an informed decision about whether you want your workforce member to communicate via e-mail with you and/or your representative or other individuals involved in your case.

You have the responsibility to:

1. Actively participate in your own treatment/service.
2. Continue active sessions with a JSSA workforce member in order to receive medication management services from our psychiatrist.
3. Keep your scheduled appointments. If you cannot keep a scheduled appointment or promptly reschedule it, you are required to give 24 hours notice or it will count as a visit, and you may be charged a cancellation fee. In addition, if you cancel or fail to appear for three consecutive visits, the workforce member retains the right to assign your time slot to someone else or terminate your services.
4. Provide accurate information, including financial data, as required.
5. Know your own insurance information and benefits coverage, including deductibles and co-payments. Inform your workforce member of any significant changes in your financial situation, insurance coverage and/or address.
6. Pay your agreed upon fee or co-payment at the time of service, and be responsible for any outstanding balance.
7. Follow all JSSA guidelines and rules while on JSSA premises, including:
 - No soliciting or loitering,
 - No destroying JSSA property,
 - No carrying of lethal weapons (guns, knives, etc.),
 - No threatening or committing violent acts against staff, clients, or guests of JSSA,
 - No jeopardizing public health or safety
 - No entering premises while under the influence of drugs and/or alcohol

II. LANGUAGE ASSISTANCE SERVICES PROCEDURE

JSSA serves a diverse population encompassing people with many different primary languages or limited English proficiency. As stated in #2 above in Clients Rights, you have the right to receive language assistance services, free of charge. For individuals with a disability, free aids and services include qualified sign language interpreter and written information in other formats (large print,



audio, accessible electronic formats, other formats). For individuals whose primary language is not English, free aids and services include electronic language interpretation applications, qualified interpreters and information written in other languages.

JSSA's language phone service can also be used for immediate interpretation. The language phone service is supported by a third party vendor and staffed by trained professions 24 hours a day, 7 days a week. This service can be utilized by reaching out to one of JSSA's workforce members, such as an administrative assistant, therapist, psychiatrist, etc.

III. COMPLAINT AND GRIEVANCE PROCEDURE

Complaints are defined as verbally sharing something you are unhappy about, such as issues against a JSSA workforce member (therapist, psychiatrist, etc.) for matters pertaining to physical or mental well-being, violation of any stated client rights, matters involving the right of any client to humane care and treatment, or violation of applicable, federal, state and local laws and regulations.

Grievances are similar to a complaint; however, filing a grievance is a formal written process and is a step beyond sharing a complaint.

To allow JSSA an opportunity to remedy your concern(s) as expediently as possible and to your satisfaction, please reach out to each workforce member listed below in order. If for any reason you are not comfortable or you are not satisfied with the response you received from a workforce member, please discuss your concerns with the workforce member that follows.

- Discuss your concern directly with your workforce member (i.e., therapist, psychiatrist, etc.)
- Discuss your concern with the Program Supervisor or Division Clinical Director
- Discuss your concern with the Senior Director of Mental Health of Services
- Discuss your concern with the Director of Compliance and Continuous Quality Improvement
- File a formal written grievance with the Director of Compliance and Continuous Quality Improvement

As stated in #7 above in Client Rights, you have the right to share a complaint or submit a grievance without fear of penalty or loss services. Should you have a complaint or grievance regarding services received at JSSA, all efforts will be made to resolve the issue via JSSA's Complaint and Grievance Policy and Procedure. All grievances received by JSSA will be documented and investigated.

Grievances can also be reported by using the Compliance and Ethics Hotline. The Compliance and Ethics Hotline has been established for grievances related only to noncompliance with federal, state, or local laws or regulations, and internal policies and procedures relating to illegal or unethical conduct. Reports made to the hotline can be anonymous. The hotline is supported by a third party vendor and staffed by trained professionals 24 hours a day, 7 days a week. This valuable external service may be accessed by the internet at www.lighthouse-services.com/jssa, by calling



the toll-free number at 1-844-600-0056, by emailing reports@lighthouse-services.com, or by faxing your concern to 1-215-689-3885.

Additional Avenues for Complaints or Grievances:

If, after exhausting the avenues for grievances or complaints outlined above, you are still not satisfied with JSSA's response, the following avenues are available for additional recourse:

MARYLAND

For concerns related to the health care or treatment that you or a family member received or did not receive please contact the following:

Department of Behavioral Health

Mental Health Services: (410) 402-8060, Toll-free 877-402-8220; or

Developmental Disabilities Programs: (410) 402-8094, Toll-free 877-402-8220

Maryland State Department of Education (Autism Waiver)

Main Office: (410) 767-1446, Toll-free 800-535-0182

Developmental Disabilities Administration

Main Office: (410) 767-5600, Toll-free 877-463-3464, TTY 800-735-2258

For concerns related to (Medicaid/Medicare) fraud, waste and abuse please contact the following:

Department of Behavioral Health

Main Office: 866-770-7175; or

Office of the Attorney General

Medicaid/Medicare Fraud Control Unit: (410) 576-6521

For concerns related to discrimination please contact the following:

Health and Human Services, Office of Civil Rights

Main Office: Toll-Free 800-368-1019, TTY 800-537-7697

VIRGINIA

For concerns related to the health care or treatment that you or a family member received or did not receive please contact the following:

Department of Behavioral Health and Developmental Services

Mental Health Services and Disability Services: (804) 382-3889; or



PAIMI Advisory Council or DD Programs: Toll-free 800-552-3692
or email info@dlcv.org

For concerns related to discrimination please contact the following:

Health and Human Services, Office of Civil Rights
Main Office: Toll-Free 800-368-1019, TTY 800-537-7697

IV. INFORMATION ABOUT JSSA'S PRIVACY PRACTICES AND POLICIES

A. Permissible Disclosures of Your Information

JSSA's privacy practices are described in full in JSSA's Notice of Privacy Practices (a copy of which will be provided to you separately). In addition to reading the full Notice of Privacy Practices, you should pay particular attention to the following limitations and restrictions:

- (i) JSSA will not release your records to anyone outside JSSA without written authorization from you except when confidentiality poses an imminent danger to you or others or when otherwise **permitted or required by law**. **Information contained in your record** may be disclosed to JSSA employees, agents, and volunteers **or third party payers for the purpose of providing you with** the most effective service/treatment, **obtaining payment or auditing or evaluating** our records.
- (ii) State law requires us to report all suspected cases of abuse, neglect or exploitation of children and vulnerable adults. This reporting requirement includes unreported past abuse.
- (iii) If your record contains substance abuse information received from a federally assisted drug or alcohol abuse program, there are specific Federal regulations which may apply in addition to the regulations that apply to all medical records in JSSA's possession. JSSA will not disclose to anyone outside of JSSA any information received from a federally assisted drug or alcohol abuse program (including the fact that you are receiving services from the substance abuse program) except as permitted by law in the following circumstances: (1) if you provide written consent to release such information, (2) in the case of medical emergency, (3) when ordered by a Court, or (4) for audit or evaluation of our records.

B. Permissible Methods of Communication

JSSA is committed to protecting your privacy. In support of this goal, JSSA has adopted the following policies and procedures related to communicating with clients.



- (i) JSSA workforce members will **not** communicate with you or anyone else involved in your care via text messages. In addition, JSSA staff will not communicate with you or anyone else involved in your care via their personal cell phone or personal email.
- (ii) JSSA staff will **not** communicate with you or anyone else involved in your care via any social media sites such as Facebook, LinkedIn, MySpace, or Twitter. JSSA workforce members will not accept “friend” requests or other requests to be part of any client social network.
- (iii) JSSA staff will communicate with you or anyone else involved in your care via email **ONLY** with client authorization.
 - (a) JSSA will only communicate with you via unsecure email for appointment reminders and/or non-service-related matters.
 - (b) JSSA will only communicate service-related matters via JSSA’s Secure Email Service and only the minimum amount of information necessary.
 - (c) JSSA will take reasonable measures to secure the transmission and storage of e-mail communications between you and any JSSA workforce member. However, once JSSA transmits a secure email or secure email notification to the email account designated by you or your representative, JSSA is **not responsible** for ensuring that (a) the e-mail is not received or viewed by person(s) other than the intended recipient(s) who have or obtain access to the designated email account, (b) the intended recipient checks the designated email account to which the email was sent or reads the email, or (c) the intended recipient(s) maintain the security of the email or the confidentiality of the information contained in the email. By providing your authorization for JSSA to communicate with you via email, you agree that JSSA does not have any liability arising from or related to (iii)(a), (iii)(b) or (iii)(c).
- (iv) If you authorize your workforce member to communicate with you via e-mail, JSSA **cannot and does not guarantee** (a) when, or if, your workforce member will receive your email or (b) when your workforce member will be able to review and respond to your email. **In the event of a crisis or medical emergency, do not use e-mail to communicate with your workforce member or any other employee of JSSA.** Dial 911 or proceed directly to the nearest emergency health facility and notify your workforce member via telephone as soon as possible. By providing your authorization for JSSA to communicate with you via email, you agree that JSSA does not have any liability arising from or related to (iv)(a) or (iv)(b).



CONSENT TO ABIDE BY JSSA'S CLIENT CONSENT AND ACKNOWLEDGEMENTS, GRIEVANCE PROCEDURE, AND CONSENT TO TREATMENT

I have received, reviewed, understand and agree to abide by JSSA's statement of Client Consent and Acknowledgements and Grievance Procedure, and provide my consent to treatment.

_____	_____
Client – Please print name	Date
_____	_____
Signature of Client	Date
_____	_____
Parent, Guardian, or Personal Representative* Please print	Date
_____	_____
Signature of Parent, Guardian, or Personal Representative*	Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand that the privacy practices and policies described in this document do not fully describe JSSA's Privacy Practices, and I acknowledge that a full description of JSSA's privacy practices can be found only in JSSA's Notice of Privacy Practices.

I also hereby acknowledge that I have received a copy of JSSA's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact JSSA's Privacy Officer at 301-610-8303.

_____	_____
Client – Please print name	Date
_____	_____
Signature of Client	Date
_____	_____
Parent, Guardian, or Personal Representative* Please print	Date
_____	_____
Signature of Parent, Guardian, or Personal Representative*	Date

*If you are signing as a personal representative of a client, please provide proof of your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)



CONSENT TO RECEIVE COMMUNICATIONS BY SELECTED COMMUNICATION PREFERENCES

In accordance with all applicable laws, JSSA will communicate with you using your stated communication preference. These preferences will only apply to communications between JSSA and yourself. If you wish JSSA to communicate with other individuals, you must complete a separate written authorization for JSSA to do so. If you need written information in another format (larger print, audio, etc.), or an interpreter or written communication is needed in a language other than English, please let a JSSA workforce member know. These services will be free of charge.

Please discuss these communication options with your JSSA workforce member. Additionally, JSSA’s workforce member can provide you with written instructions on how to access secure email communications.

I prefer to receive service-related communications via:

- Cell Phone
- Home Phone
- Secure Email

I have discussed my options for receiving service-related communication from JSSA with a JSSA workforce member, and I hereby authorize JSSA to communicate with me in accordance with my communication preference indicated above.

Client – Please print name	Date
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Signature of Client	Date
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Parent, Guardian, or Personal Representative* Please print	Date
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Signature of Parent, Guardian, or Personal Representative*	Date
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*If you are signing as a personal representative of an individual, please provide proof of your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

For the best in child, family and senior services...**Think JSSA**
Jewish Social Service Agency

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