

HOPWA

CLIENTS RIGHTS, RESPONSIBILITIES AND GRIEVANCE / APPEAL PROCEDURE

RIGHTS

- You have the right to receive timely, respectful, high quality services from the staff of all providers without regard to your age, ethnicity, gender, disability, religion, sexual orientation, values, 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 participate in the development of your plan of care.
- You have the right to choose your provider and the type of services you will receive.
- You have the right to receive current information and education about the disease, medicines, treatment and self-help measures.
- You have the right to appeal decisions with which you do not agree. (see instructions below)
- You have the right to file a grievance if you are not satisfied how you have been treated. (see instructions below)
- You have the right to request an interpreter to enhance communication.
- You have the right to refuse recommended treatment plans based upon your understanding of the risks and benefits without pressure from the health care professional; however, please note that adherence to treatment and or a plan of care is a requirement in order to receive the Ryan White/HOPWA funded services.

RESPONSIBILITIES

- You are responsible to conduct yourself in a courteous and respectful manner, threatening and abusive language or behavior will not be tolerated and client services may be suspended or terminated and some cases referred to law enforcement.
- You are responsible for keeping all appointments.
- You are responsible for notifying the provider of services if any illness interferes with scheduled appointments.
- You are responsible for working with your Case Manager to develop a plan of care.
- You are responsible for providing all documentation needed to assist in enrolling you in any eligible programs or services.
- You are responsible for notifying your Case Manager when you have problems in 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 for notifying your Case Manager of any changes such as address, income, and living arrangements.

GRIEVANCE PROCEDURE

- If you are dissatisfied with services you are receiving, you may file a written grievance with your Case Manager's Supervisor. The grievance will be managed internally by your service provider.

APPEAL PROCEDURE

- If you are dissatisfied with a provider's decision pertaining to a HOPWA issue, you may file a written appeal with the Case Managers Supervisor.
- The supervisor will meet with you. If you are not satisfied with the results of the meeting, you may, within 30 days, request a hearing with your service providers designated officer.
- If you are unable to resolve the issue after meeting with the service providers designated officer, you may, within 30 days, file your appeal in writing to: Program Director, Health Planning Council of Southwest Florida, 8961 Daniels Center Dr. #401 Fort Myers Fl. 33912 [(239) 433-6700].
- The Health Planning Council will respond to you in writing within 14 days of receipt of the appeal informing you of the time and place of the hearing.
- At the hearing, you may be accompanied by a friend, relative, legal council or other spokesperson.
- The decision of the Health Planning Council is final.

I have had the opportunity to discuss and I am fully aware of the Rights, Responsibilities and Grievance / Appeal Procedures outlined above. I am aware that failure to comply may result in disenrollment from the program. (CASE MANAGEMENT AGENCY PLEASE GIVE A COPY TO CLIENT)

Client Signature _____ Date: _____

Case Manager Signature _____ Date: _____