



Client Rights Statement

As a client of Cunningham, it is important that you know that you have certain rights. You are entitled to the rights outlined in the Mental Health and Developmental Disabilities Code [H05 ILCS 5] Confidentiality Act, Chapter 2 of the Mental Health and Developmental Disabilities Code, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

If you would like to review any of these standards, you can obtain a copy from the following sources. The Mental Health and Developmental Disabilities Code and Confidentiality Act are available upon request from the Illinois Department of Human Services, Division of Mental Health, 901 Southwind Drive, Springfield, IL 62703 (telephone: 217-786-6866). The Health Insurance Portability and Accountability Act of 1996 is available through the Office of Civil Rights, U.S. Department of Health and Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601 (telephone: 800-368-1019).

Your rights include, but are not limited to, the following:

1. The right to be provided with appropriate mental health services in the least restrictive setting.
2. The right to be free from abuse, neglect and exploitation from staff and other clients while receiving treatment at HopeSprings.
3. The right to have your rights, as well as any services you receive, explained in a language or method of communication you understand.
4. The rights guaranteed to you by the United States Government and the State of Illinois. Services will not be denied, suspended, terminated, or reduced because you exercise your rights.
5. The right to receive services without discrimination. You will not be denied mental health or other services because of age, sex, race, religious belief, ethnic origin, marital status, physical or mental disability or criminal record that is unrelated to present dangerousness.
6. The right to have disabilities accommodated as required by the American With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].
7. Physical restraint/seclusion are not utilized in the HopeSprings Counseling Services Program.
8. The right to express opinions on issues concerning your care or treatment. You are considered to be competent (able to make decisions) unless a court has determined you are not.



9. The right to have an Individualized Treatment Plan that describes the services that will be provided to you. Your Individualized Treatment Plan will be reviewed at least every six months.
10. The right to participate in the development and review of your treatment plan, as appropriate. If you have concerns about your treatment plan or the services you receive, you and/or your guardian may request an in-house review of your care and treatment services by Cunningham staff not involved your treatment.
11. The right to review your treatment file.

If you are under the age of 12, your parent/guardian can view your file at any time.

If you are 12 or over, you can ask to review your file; however, your right to review your file may be limited to protect you or others from harm. If applicable, your parent/guardian always has a right to basic information about your treatment. Some records will not be released to your parent/guardian without your permission.

You or your parent/guardian (if applicable) may write a note about any part of the file that is believed to be untrue. The note will be added to your file.

When you (or your parent/guardian (if applicable) review your record, a staff member will be made available to answer questions and ensure the file remains secure.

12. The right to confidentiality. If you are age 12 or over, you and your parent/guardian (if applicable) must give written consent to share information about you. Without your consent, records will not be shared unless your therapist believes it is in your best interest.

If you are under age 12, your parent/guardian must give written consent to share information about you.

In some cases your age does not matter and HopeSprings may release information without consent. Some examples include:

- If you require hospitalization because you are at risk of hurting yourself or others.
- If you have been abused, neglected, or exploited.
- If required for reviews done by other agencies to determine if HopeSprings is following various rules, laws, and standards.
- Information related to crimes that occur on the property or against the staff of HopeSprings or involve immediate danger to someone else.

13. The right for you or your parent/guardian (if applicable) to present grievances or to appeal adverse decisions related to the services you receive. The grievance process will be explained to you. A record of such grievances and the response to those grievances



will be maintained. You have the right to appeal decisions about your grievance to the highest level possible in the agency. The decision of the President/CEO and/or the governing body, when applicable, shall constitute a final administrative decision.

In addition, there are other agencies whose purpose is to protect your rights as a client. The Guardianship and Advocacy Commission can be contacted at 2125 South First Street, Champaign, IL 61821 (telephone: 217-278-5577). Equip for Equality, Inc. can be contacted at 1 West Old State Capitol Plaza, Suite 816, Springfield, IL 62701 (telephone: 800-758-0464). The Office of Civil Rights is located at 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601 (telephone: 800-368-1019). If you need assistance, a Cunningham staff member will help you.

14. The right to be notified of any restriction(s) of your right(s). Justification for any restriction to these rights shall be documented in your clinical record. Your parent or guardian (if applicable) as well as any agency (i.e., Guardianship & Advocacy Commission or Equip for Equality referenced above) you designate shall also be notified of the restriction. Your parent or guardian (if applicable), the QMHP (therapist), the LPHA (Director of Community Services or Associate Director of Clinical Services), and you will receive a plan with measureable objectives showing how your rights will be restored. The plan will be signed by all parties listed above.

15. You, or your parent/guardian (if applicable), have the right to refuse services. Refusal of these services may result in your case being closed when it compromises treatment and/or there is significant risk to your safety or the safety of others.



Client Rights Statement
Signature Sheet

My rights as a client at HopeSprings Counseling Services, A Program of Cunningham Children's Home have been explained to me and I understand what they are. I have read (or had read to me) and received a copy of the document entitled Client Rights Statement. I also understand that the rules which describe these rights are available to me if I want. I have received a copy of Grievance Brochure describing the process for filing a complaint.

Client

Date

Guardian (if applicable)

Date

As staff member of HopeSprings, I affirm that I have explained these rights to the client in a language or a method of communication he/she understands and believe these rights to have been understood.

Staff Signature

Date



Client Rights Statement
Annual Review
Signature Sheet

As staff member of HopeSprings, I affirm that I have explained these rights to the client in a language or a method of communication he/she understands and believe these rights to have been understood. I have also reviewed the process for filing a grievance.

Staff Signature

Date

As staff member of HopeSprings, I affirm that I have explained these rights to the client in a language or a method of communication he/she understands and believe these rights to have been understood. I have also reviewed the process for filing a grievance.

Staff Signature

Date

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