



10631 S 51st Street, Suite 8
Phoenix, AZ 85044
Phone: (480) 398-4280
Fax (480) 398-4281
www.PillerChildDevelopment.com

Helping Children Reach their True Potential

Patient Rights

Piller Child Development values advocating for and protecting the rights of patients and will adhere to all applicable Federal and State Regulations regarding rights of the patients. We do not discriminate in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap or religion.

You will be informed, in writing, at the time of admission of the following rights in a language you understand. A copy of these rights are being provided to you in this patient handbook. These rights will be discussed during orientation and will be posted at a conspicuous site in the clinic.

As a recipient of services at Piller Child Development, I have the right:

1. To be provided services in the least restrictive environment. To know the recommended level of care for my treatment and as indicated by my presenting problems and alternate treatment options.
2. To not be discriminated against in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap, religion or source of payment. In addition, to exercise my rights without fear of restraint, interference, discrimination and reprisal.
3. To be informed in a language that I understand.
4. To be informed about what to expect in the treatment process.
5. To be informed of the cost of services rendered to me and to my family as soon as the information is available.
6. To receive a copy of the patient handbook, which contains the guidelines for treatment including program rules, services provided, my rights, etc.
7. To take an active part in the planning of my individualized treatment plan and aftercare activities as well as consider referrals to other services if I am ineligible for treatment at the present level of care. Or, I may refuse treatment or any procedures or specific medications that are unusual, hazardous or experimental.
8. To request a review of my treatment plan at any time during treatment and to obtain the opinion of a qualified outside consultant regarding my treatment at my own expense, if I so desire.
9. To know the benefits, risks and side effects of all medications and treatment procedures that may be prescribed and to be aware of alternative treatment procedures.
10. To have competent, qualified, experienced clinical staff to supervise and carry out my treatment and the opportunity to select a counselor of my choice.

11. To expect confidentiality from the entire staff with respect to my identity, diagnosis, prognosis and treatment.
12. To not be requested to perform services for Piller Child Development which are not stated as part of my treatment plan. I understand that I will not be allowed to perform services in lieu of treatment fees.
13. To obtain copies of all consents that I sign. Either the counselor or the Program Director will honor verbal requests for copies of consents within 24 hours.
14. To protection from harassment by any outside agency or person while on the premises. Piller Child Development will exercise confidentiality laws to the fullest extent.
15. To air grievances and initiate appeals. I have been informed of the patient appeals procedures. I understand that the grievance procedures will be posted in conspicuous places within the clinic. I will receive decisions to my grievances in writing and have the right to appeal the findings to unbiased sources.
16. To inspect my records subject to the following limitations:
 - I request in writing to review my records
 - All secondary information will be removed from the record prior to allowing me to review my record. This information must be placed back in the record immediately following my review.
 - A clinical employee will supervise the review. Once I review my record a note will be entered that the process was completed.
 - I will be asked to sign a form that will verify I was allowed the right to inspect my record.
 - The Medical Director may temporarily remove portions of the records prior to the inspection if he/she determines that the information maybe detrimental to my treatment if presented to me. Reasons for removing sections will be documented and kept on file.
 - I have the right to appeal a decision limiting access to the records through the grievance process.
 - I have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information in my records.
 - I have the right to submit rebuttal data or memoranda to my own records.
 - I have the right to request copies of my record and within 5 business days be provided with a copy. (A reasonable fee may be charged to you.)
17. To not be restrained or secluded however, in the event that my behavior becomes unruly or a threat to the safety of other patients or staff, proper authorities may be contacted to remove me from the clinic. I will not be deprived of any civil right solely by reason of treatment.
18. To not be subjected to: physical abuse, sexual abuse or harassment and physical punishment; psychological abuse, including humiliating, threatening and exploitative actions; financial exploitation.
19. To receive services in accordance with standards of professional practices that are appropriate to my needs.
20. To be afforded reasonable opportunity to improve my condition.
21. To receive humane care and protection from harm.
22. To exercise my constitutional, statutory, and civil rights that have been denied or limited by an adjudication or finding of mental incompetence in a guardianship or other civil

proceeding. [This does not validate the otherwise viable act of an individual who was: (1) Mentally incompetent at the time of the act; and (2) Not judicially declared to be mentally incompetent.]

23. Before being asked to consent to participate in a research project, to be informed of the benefits to be expected; the potential discomforts and risks; alternative services that might benefit me; the procedures to be followed, especially those that are experimental in nature; and my right to refuse to participate in any research project without compromising my access to the agencies services.

Having Input at Piller Child Development

Piller Child Development wants feedback and input from you and your family, so in addition to routine communication with your counselor, the staff and program administrators, you can communicate with us in a number of other ways: The Patient Advocacy Representative, patient surveys and questionnaires, patient suggestions, and patient grievances.

Patient Satisfaction Survey

Your input is valuable to us as an organization. Patient input allows us to work to improve our procedures and services to better meet the needs of the clients we seen. A patient satisfaction survey is available online for anonymous submission. A person may fill out the survey at anytime. The survey is available on our website at www.PillerChildDevelopment.com.

Patient Grievance

It is the policy of Piller Child Development to afford its patients the opportunity to pursue a resolution to any concerns in a structured format that provides fair and equitable process. You will be informed of the Piller Child Development grievance procedures during orientation to treatment services. In addition, you have received this Patient Handbook which details the procedure. Laminated signs detailing the grievance process are in plain view throughout the clinic.

As a patient you are encouraged to voice your complaint and/ or grievances, if you believe that your rights as a patient have been violated. Piller Child Development encourages the resolution of day to day issues informally between you and your primary counselor. If the problem cannot be resolved to your satisfaction, your primary counselor will advise you of the grievance procedure outlined in this written plan.

You, your guardians or your attorney may file a grievance.

When you want to file a grievance, if needed you will be given another copy of this handbook.

When you file a grievance you will in no way be subject to disciplinary action or reprisal in any form, including denial of services, loss of privileges.

During the formal grievance process, you may be provided assistance by a representative of your choice. You will also be entitled to review any material obtained in the process of the grievance, except where it would violate another patient's confidentiality. You have the right to present witnesses with information that is pertinent to the grievance, and are entitled to receive written findings and recommendations.

The burden of proof is on Piller Child Development to demonstrate compliance with policies and standards to ensure your rights.

The Steps Of Grievance Process

LEVEL ONE - CLINIC LEVEL

1. A written grievance will be filed with the director of the clinic in the event that the patient cannot resolve the issue informally.
2. If the grievance involves the Director or there is an allegation of misconduct by an associate, the grievance will go directly to Level II.
3. The director, or designee, will arrange a meeting with the patient within 2 business days of the filing of the grievance and work toward a resolution with the patient. In the event, the patient does not agree or is unwilling to meet (face-to-face) with the director or designee within 2 business days, then the director may extend the prerequisite to accommodate the patient's documented request.
4. The Director will issue a written response to the patient within 5 Business days of filing the grievance.
5. The patient's record will reflect documentation of the grievance, the meeting with the patient, and the outcome of the meeting.
6. A Copy of resolved Level I grievance will be given to the Patient Advocate for data analysis and knowledge management.

APPEAL OF INITIAL DECISION

LEVEL TWO

If the patient is unsatisfied with the findings at the Clinic level, the patient or consented representative may appeal the decision in writing or verbally to the Patient Advocate within 5 days of receiving the decision from the clinic. Clinic directors will be notified of the Level II grievance. The Patient Advocate and a clinic representative will compile information and present their findings to the Corporate Grievance Team. The information being collected will entail and not be restricted to:

- * Discussion with the patient
- * Review of the patient's record
- * Discussion with sector director or
- * Any additional associates

7. The Lead Therapist will review the patient's medical chart and make recommendations directly to the lead therapist.
8. Any action taken against the grieving patient will be interrupted until a final determination of the investigation is made at the corporate level.

Exceptions:

* The clinic's medical director can make an exception if the medical benefit outweighs the postponement. In these unique situations, a clinical note will indicate the reason for the exception in the patient's record.

* If the Program Director, Lead Therapist, and Clinical Supervisor agree that a patient must be immediately discharged with or without detoxification, due to imminent health and safety issues, then action against the patient will not be interrupted until an investigation is complete. The clinic will make every effort to refer or transfer the patient to another program or level of care if there are ongoing medical and/or psychological concerns. In the instance of take home revocation - no reinstatement will be made until final determination of investigation.

9. The Corporate Grievance Team will be assembled. The Grievance team will make a determination as to whether or not there is a need for an investigation by the Corporate Compliance team. If there is a need for an investigation then the Chair of the Grievance Team will forward the grievance, with the grievance teams' findings to the Corporate Compliance Officer. The Corporate Compliance Officer will be responsible for providing the patient with any subsequent written formal responses.
10. If there is NO need for an investigation by the Corporate Compliance Team, the recommendations of the Corporate Grievance Team will be sent to the Chief Operating Officer for review. If consensus is reached, the patient will receive a formal written response from the Grievance Team Chair. In the event the Corporate Grievance Team and Chief Operating Officer are unable to reach consensus, then the Chief Executive Officer will be petitioned to review the disputed items and make a final ruling.
11. Corporate Grievance Team's findings will be documented.

APPEAL OF CORPORATE GRIEVANCE OR COMPLIANCE TEAM DECISION LEVEL III

If an investigation by the Corporate Compliance Team was not warranted and the patient is not satisfied with the Level II - Corporate Decision, then the patient will be instructed to contact the Patient Advocate for further assistance. The Patient Advocate will attempt to resolve the patient's grievance a final time. In the event that the Patient Advocate can not resolve the matter internally, then they will provide the patient with phone numbers to the appropriate independent external agencies.

A formal written response will be provided to the patient from the Corporate Grievance Team

All associates will be trained in the implementation of the grievance process.

Any grievance against specific associates will be handled in accordance with personnel policies.

A designated Corporate Grievance Team member will maintain a grievance log, which contains:

- * Date of complaint
- * Nature of complaint