

**San Luis Obispo County
Drug & Alcohol Services**

CLIENT'S RIGHTS AND GRIEVANCE PROCEDURE

Services are offered without discrimination by race, religion, color, national origin, ancestry, physical or mental disabilities, medical condition, marital status, age, sex, sexual preference or ability to pay. All treatment procedures will be discussed with clients and clients are free to withdraw from services at any time. Federal Law (CFR42) protects confidentiality of services at this facility and no information that will identify a client will be released without client's specific written consent. *Exceptions to this confidentiality are: medical emergencies, a judge's order to release the information, suspected abuse of a child, dependent adult or elder, or in the event that a client is of danger to self or someone else.*

Each Medi-Cal beneficiary has the right to a fair hearing related to denial, termination or reduction of Drug Medi-Cal services. Procedures outlined in Title 22, California Code of Regulations, Sections 50951 and 51014.1; Welfare and Institutions Code, Sections 10951 through 10965; and the Department of Social Services (DSS) Manual of Policy and Procedures, this organization, the Utilization Review Committee, and the beneficiary will follow Chapter 22.

Access to treatment files is in accordance with Executive Order #B-22/76.

The drug treatment program will comply with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and California Government Code Section 11135, et seq.

Client Rights: During participation in the program, the client has the right to the following:

1. Be provided with a clean environment free from health and safety hazards.
2. Be free from humiliation, intimidation, ridicule, coercion, threats, or physical or verbal abuse from program staff or other program participants.
3. Have program rules, requirements, fees and payment schedules explained.
4. File a written grievance with the Program Supervisor pursuant to the following procedures.

Grievance Procedures: the specialist assigned to your case can handle most questions, comments or complaints. **However, in the case where satisfactory resolution is not obtained:**

1. **Written Grievance:** A client has the right to appeal any program decision by expressing his/her concerns in writing within five (5) working days of that decision. This written request for consideration must contain a statement of the program decision being appealed, the name of the participant, the date of the decision, and the participant's basis of appeal.
2. **Submission of Grievance to the Program Supervisor:** The client must submit the above-described written appeal within five (5) days of the decision in question to the Program Supervisor. The Program Supervisor, or his/her designee if the Program Supervisor is on leave during this period, shall respond in writing to the client within fifteen (15) working days.
3. **Submission of Grievance to the Division Manager:** If the client is not satisfied with the response received from the Program Supervisor, the participant may send the written grievance to the Division Manager or within five (5) working days of the receipt of the response from the Program Supervisor. The Division Manager or his/her designee in turn must respond in writing to the client within fifteen (15) working days.

Address: Drug and Alcohol Services Program Supervisor/Division Manager at 2180 Johnson Ave., San Luis Obispo, CA 93401

Grievances regarding any action, complaints or appeals may also be addressed to the State Department of Alcohol and Drug Programs, Residential and Outpatient Programs Compliance Branch, 1700 K Street, Third Floor, Sacramento, CA 95814. Phone: (916) 322-2911 or call 1-800-743-8525 or T.D. 1-800-952-8349. Program rules and regulations are in compliance with State of California Alcohol and other Drug Programs Certification Standards.

Client Signature

Date

I, _____ have discussed the Client's Rights and grievance process with this client.

Specialist Name(Please Print)

Client Name _____

Client # _____