

COMPLAINT/GRIEVANCE PROCEDURE

If you have a complaint or grievance with the services we provide, first discuss the issue with your psychiatrist, therapist, counselor or support worker. If this does not resolve your concerns or if you are not comfortable doing this, you may:

- Choose to have a staff member, family member or friend help you through the complaint procedure.
- Contact the appropriate Zumbro Valley Health Center Program Manager at (507) 289-2089.
- If you still have concerns, you may obtain a grievance form upon request. Put your grievance in writing, dated and signed. Route your written grievance to the Chief Executive Officer of Zumbro Valley Health Center. Your grievance will be responded to within three (3) working days.
- Individuals with a complaint or grievance are encouraged to seek resolution of the problem through the above procedures. They may, however, at any time, present their complaint or grievance directly to the Minnesota State Department of Human Services, the Minnesota Department of Health, Office of Ombudsman of Mental Health, or the Olmsted County Department of Social Services.

You also will be assured of the confidentiality of the proceedings and that no retribution of any kind will result from filing a complaint or grievance.

STAFF RIGHTS

The staff at ZVHC is committed to respecting your rights. Staff also has the following rights:

- To keep their private lives separate from their professional lives and do not routinely give out their:
 - Home address or phone number
 - Family information
 - Other personal information
- To consult with other ZVHC staff as needed
- To transfer clients to other professionals or terminate treatment if they believe:
 - Their objectivity has become impaired
 - The problems presented are outside their area of competence
 - Treatment is not indicated
 - The client is not benefiting from or following the treatment plan
 - A client is being abusive
 - The relationship would result in a conflict of interest

Wood Lake Drive Office

343 Wood Lake Drive SE
Rochester, MN 55904
(507) 289-2089
FAX (507) 535-5799
www.zvhc.org

Fillmore County Office

65 Main Avenue North
Harmony, MN 55939
(800) 422-0161

Northgate Office

1112 7th Street NW
Rochester, MN 55901

Greenview Office

1620 Greenview Drive SW
Rochester, MN 55902

Youth Behavioral Health Office

2117 Campus Drive SE, Suite 200
Rochester, MN 55904
(507) 328-6400
FAX (507) 328-6263

Connections & Referral Unit (CRU)

(507) 535-5625

Intensive Residential Treatment Services

(507) 535-5626

Emergency/Crisis Hotline

(844) 274-7472



CLIENT RIGHTS AND PROTECTIONS

Welcome to Zumbro Valley Health Center (ZVHC). We are committed to working with you in a sensitive, private and professional manner.

Healthcare services can sometimes be complicated to use. This brochure addresses key areas about our services. Please let us know if you have suggestions for improving our services.

ZVHC is a private, non-profit organization that provides:

- Mental health care to adults, children and families
- Alcohol and substance abuse recovery programs and outpatient treatment
- Community support services for adults with mental illness
- Mental health crisis services for adults
- Detoxification services for adolescents and adults
- Homeless services and housing opportunities
- Residential support and treatment for adults with mental illness
- Integrative health services

ZVHC contracts with Genoa Healthcare and Apple Tree Dental to provide on-site pharmacy and dental services, respectively. These organizations may have separate policies and procedures that govern their operations.

Restoring Hope...One Life at a Time



YOUR RIGHTS

The staff at ZVHC believes in treating clients with respect and dignity.

- You have the right to courteous treatment and appropriate care based on your needs. You have the right to know the identity and qualifications of the professionals who work with you.
- You have the right to receive information about our services and your treatment in a language you understand, including the charges for those services.
- You have the right to be informed about the most common risks and benefits of treatment options.
- You have a right to know an estimate of the expected length, cost and goals of treatment, as well as information about your progress.
- You have the right to refuse to give any information at any time. However, lack of information may affect our ability to help you.
- You have the right to refuse care or to request a different therapist, counselor or support worker. You may be treated or referred without your consent if immediate action is required to protect the health or safety of yourself or others.
- You have the right to review or obtain copies of your record. Staff can assist you with this process. Access to your records is free of charge but you may be charged for any copies. You may review your file in the presence of a ZVHC staff person.
- You have the right to challenge the accuracy of any information in your record. You also have the right to insert your own explanation of anything you object to in your record.
- You have the right to ask us to release information to any person or organization you choose if you have given us your consent in writing.
- Per MN statute 144.343, a minor may give consent for medical, mental and other health services to determine the presence of or to treat pregnancy, and conditions associated with venereal disease, and alcohol and other drug abuse.
- You have the right to be informed prior to a photograph or audio or video recording being made. You have the right to refuse to allow any recording or photograph of yourself that is not for the purposes of identification or supervision by ZVHC.
- If the license holder restricts a client's right, the license holder must document in the client file a mental health professional's approval of the restriction and the reasons for the restriction.

- Our services are in compliance with all state and federal laws including the Minnesota Human Rights Act, chapter 363A. You have the right to be free from discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, sexual orientation, marital status, or status with regard to public assistance. This policy covers admission policies and procedures, access to services and treatment in all programs and activities.
- You have the right to receive services and to be free from sexual harassment, sexual contact and any form of exploitation. Staff is not allowed to engage in social, personal or business relationships with you while you are receiving services, or for a period of two years following termination of services provided to you.

YOUR RESPONSIBILITIES

As a client of ZVHC, you have responsibilities as well as rights. You can help yourself by being responsible in the following ways:

- You are responsible for being clear and complete about the problems you are experiencing. It is important that you provide complete and accurate information about past illnesses, hospitalizations, medications and other matters relating to your background.
- You are responsible for assisting in the development of your treatment plan. Your willingness to follow this plan bears directly on the success of your treatment.
- You are responsible for keeping scheduled appointments and groups. If you cannot attend, please call and cancel in advance.
- You are responsible for respecting the right of privacy and confidentiality of other clients you see at our offices.
- You are responsible for arranging payment of the cost of services you receive.
- You share responsibility with us for helping to evaluate our services. This may involve your participation in completing a questionnaire. Your privacy will be respected in such contacts.
- You share the responsibility with us in assuring that the helping relationship remains respectful and that our staff as well as other clients and visitors feel safe and protected.
- You agree to not engage in activities that may result in harm to self, others, or property while a client of ZVHC. You will not bring any illegal, illicit and/or mood-altering substance on ZVHC premises.
- You are responsible for following policies and procedures set forth by ZVHC.
- Failure to adhere to these responsibilities may result in service termination.

AVAILABLE EMERGENCY SERVICES

Crisis Response for SE Minnesota offers confidential phone and mobile support 24 hours a day/7 days a week for Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Steele, Wabasha, Waseca and Winona county residents. The toll-free number is 1-844-274-7472.

PRIVACY AND CONFIDENTIALITY

We value the privacy of our clients. The State and Federal laws about confidentiality also require us to protect your confidentiality. In most situations, information about you can only be shared with your signed permission. However, there are instances when we may be unable to assure your privacy. These situations include:

- Staff are mandated reporters, and are required by law to report suspected child abuse or neglect.
- Staff are required by law to report suspected abuse or neglect of vulnerable adults.
- Staff may report situations in which your personal safety or the safety of another may be at risk.
- Information can be released without a signed release if required by an order of the court.
- Certain information can be released to outside collection agencies for the collection of unpaid bills.

The information we ask you to provide is necessary in our efforts to be of service to you. Unless ordered by a court, you are not legally required to provide any information to us. If you choose not to provide information requested, you may become ineligible for financial assistance with fees or to receive services. Information about you may be shared between programs or departments of ZVHC on a need-to-know basis, in which case no release is needed. If you have concerns about your right to privacy, discuss them with the staff person working with you.

INFORMED CONSENT

- Clients should understand there is an inherent risk of functional and mental decline while receiving behavioral health care treatment.
- Clients affirm they have received sufficient information to understand the nature of their treatment, and consent to participate in evaluation and treatment.

CLIENT RECORDS

- The privacy of a client's protected health information will be maintained as required by law. Client records are stored in a secured electronic health record, with information backed up at an off-site location. No session recordings by clients are allowed.