

Client Rights, Responsibilities, and Procedure for Dismissal

Rachel Lee Patient Advocacy Consulting, LLC.

Client Rights

- I have the right to be treated with respect, dignity, consideration, and compassion.
- I have the right not to be subjected to physical, sexual, verbal, and/or emotional abuse or threats.
- I have the right to receive services free of discrimination regardless of race, color, ethnicity, national origin, religion, age, sexual orientation, identified gender, physical and/or mental ability.
- I have the right to be informed about services and options available.
- I have the right to deny advocacy services of a specific nature if I do not want them. However, it is my responsibility to communicate my preferences and to be aware that rejecting specific services may severely limit what my advocate is able to do for me.
- My association with Rachel Lee Patient Advocacy Consulting, LLC will be kept confidential. RLPAC will not release any information or records without my consent, with the exception of legal requirements.

Client Responsibilities

- I agree to treat other clients and staff of this agency with respect and courtesy and will not subject them to physical, sexual, verbal, and/or emotional abuse or threats.
- I agree to bring up concerns, issues and grievances about my services in a timely, respectful and appropriate manner with my advocate, and I will do so fully prepared to allow my advocate adequate time to respond. I understand that if I do not bring up grievances in a timely manner, and that if I do not communicate my concerns openly, my advocate is not responsible for continuing in a line of advocacy or communication which I find concerning or upsetting. I understand that if I do not allow my advocate the time and opportunity to respond to my concerns that my services could be immediately suspended under the policies of patient dismissal procedures (below).
- I agree to provide complete and accurate information regarding my personal information, insurance information, and other resources as requested. I understand that if I do not disclose aspects of my medical history, diagnoses, care plan and treatments, my advocate is not responsible for any resulting conflict with either myself or a health care provider/clinic/organization.
- I agree to notify RLPAC of any changes including, but not limited to: hospitalization, new address and/or phone number, insurance changes, etc. I understand that if I fail to provide updated information I may be unable to receive the services for which I am engaging at RLPAC.
- I agree to keep all scheduled appointments. If I cannot attend a scheduled appointment, I will call/text/email 24 hours in advance to cancel or reschedule.
- I agree to respect the confidentiality of others and my advocate.
- I agree to refrain from foul and/or abusive language and will pose no physical threat to staff or other clients of RLPAC.

Client/Patient Signature _____

Printed Name _____

Date _____

Procedures for Patient Dismissal

As a client of Rachel Lee Patient Advocacy Consulting there are certain types of behavior that may lead to termination of services. Any act of intimidation, including menacing and harassing behaviors against any person, is prohibited. Reasons for dismissal include, but are not limited to:

- Abusive language including harassment, threats, berating an advocate (see client responsibilities for addressing grievances), or sexual language directed towards and advocate or other client,
- Persistent verbal abuse
- Threatening physical harm of any kind
- Committing acts of violence against staff, volunteers, or other clients
- Carrying a weapon of any kind
- Inappropriate behavior related to alcohol or drug use, or inappropriate sexual behavior

If a client engages in any act that is perceived to be injurious to staff, volunteers, or clients in a physical location, local law enforcement will be contacted and the client will be removed from the premises. Additionally, any inappropriate behavior, including verbal abuse, even if not perceived as a threat, will result in immediate removal from the premises.

Should a client demonstrate inappropriate behaviors, a verbal warning MAY be issued and the incident will be documented in the client's record. If the behaviors occur a second time, the client the client will receive a 30-day notice of dismissal from the clinic. If the behavior is perceived as a pattern, or is of a very severe or inappropriate nature, the client's services may be suspended immediately.

During this 30 day period, RLPAC will assist the client in finding other options for patient advocacy and help facilitate the transfer of care to a new advocate. If the client needs emergency care during this 30 day period, support might be given on a case by case basis depending upon the behaviors for which the client was dismissed.

The client/patient remains responsible for all costs he or she has incurred for advocacy and consulting services regardless of the reasons for dismissal. A full account sheet will be sent to the patient for a payment agreement signature. Client's who have been dismissed for these behaviors are required to return this signed agreement within 10 business days. Failure to sign a payment agreement may lead to late fees, and unpaid accounts will be sent to collections per our financial policies.

Client/Patient Signature _____

Printed Name _____

Date _____