

Frannie Peabody Center Client Disclosure, Rights, and Responsibilities

Client Disclosure

Certain programs at Frannie Peabody Center must report information to the federal government. This information helps to identify areas of need for funding purposes and helps to improve quality of care for all. All federally required information is entered into secure databases by this agency, and then sent using secured, encrypted computer database systems. **Your privacy is protected.**

HIV Case Management Program

To receive HIV Case Management you have to:

- Show proof that you have HIV
- Show proof of your income
 - Your income must be 500% of the federal poverty level or less

A portion of the funding for our HIV case management program comes from a Ryan White grant from the federal government. Our grant requires us to report information about each person who receives Ryan White services to the government.

Notice of Privacy Practices

For more information about how your clinical information may be used and disclosed for all programming at Frannie Peabody Center, and how you can access this information, please see our agency's Notice of Privacy Practices. Your case manager or counselor will go over this information with you, and you can take a copy home if you'd like.

Federal Government Required Information

The following represents some of the information that has to be reported for anyone who receives services from the Ryan White Program:

- Name
- Date of birth
- Ethnicity and race
- Gender
- Social Security #
- County of residence
- Date of first service
- The number and type of Ryan White services accessed
- Housing status
- Marital status
- # of dependents
- Percentage of poverty level
- Employment and income status
- Sources of health insurance
- HIV and HCV status; HIV risk factors; date of AIDS diagnosis

Client Rights and Responsibilities

If you want to receive HIV Case Management or Behavioral Health services, you have rights and responsibilities.

As a client of Frannie Peabody Center, I have the following **Rights**:

1. **I will be treated with dignity and respect.**
2. **My information will be protected.** My rights are explained in the “Notice of Privacy Practices.”
3. **I will be treated equal with others.** My services will not change because of who I am – my race, color, religion, sex, national origin, ancestry, age, physical or mental disability, or sexual orientation.
4. **I will not be abused or threatened.**
5. **I will get services for which I am eligible.** I will be told about services I can use, any costs, and the time it will take to get services.
6. **I will receive quality care.**
7. **I can help plan my services.** I will be part of making decisions.
8. **I can stop my services.** I can stop services at any time by telling my case manager or counselor.
9. **I can file a complaint.** I can give a complaint about services without losing my services. The “Grievance Policy” explains how to file a complaint, and what to expect.

As a client of Frannie Peabody Center, I have the following **Responsibilities**:

1. **I will treat others with respect – clients, staff, and volunteers** - and adhere to the agency's policy on equity, inclusion, and the rights of others - I understand that discrimination of any form is unacceptable.
2. **I will protect other people's information.** I will not share information about other clients. I will respect their privacy.
3. **I will not abuse or threaten others.** I may lose my services if I threaten or abuse others.
4. **I will give correct information.** My case manager or counselor needs good information in order to help me receive the right services. I will be honest when I give information.
5. **I will tell my case manager or counselor about changes.** I will tell my case manager or counselor about changes in my life, like changes in address or telephone number, income, or medical or insurance status. My case manager or counselor needs to know about any changes to help me receive the right services.
6. **I will keep appointments.** I will do my best to keep the meetings I make with my case manager or counselor. I will call to change meetings if I am unable to attend.
7. **I will be a part of my services.** I will work with my case manager or counselor to make a plan. I will work to reach my goals and complete the tasks I agree to. I will tell my case manager or counselor if I want to stop services.