



# CLIENT RIGHTS AND RESPONSIBILITIES

Date:		Ryan White Number:
First Name:	Last Name:	Ryan White Exp Date:

**As a client of the FL DOH Nassau County, you have the right:**

- To privacy, dignity and compassion.
- To not be discriminated against on the basis of race, color, religion, sex, national origin, age, handicap, sexual orientation, or gender identity.
- To confidentiality, except as required by law, and when disclosure is necessary to prevent serious, foreseeable, and imminent harm to you or others.
- To choose the service providers from whom you will receive services.
- To withdraw from any or all programs at any time.
- To air grievances through appropriate channels, as outlined in the Grievance Policy.
- To participate in developing a plan of care to help you reach your goals, if enroll in case management.
- To receive the services you need; these may or may not include all the services you desire.
- To have information communicated to you in a language and manner you understand.
- To reasonable accommodations that will enable you to access our services.

**As a client of the FL DOH Nassau County, you have the responsibility:**

- To provide documentation of household income at least every six months.
- To provide documentation of living in Florida at least every six months.
- To provide proof of HIV at least once.
- To provide documentation of any health insurance or third party medical or pharmacy benefits at least every six months.
- To be an active participant in obtaining services and maintaining your own well-being.
- To provide complete and truthful information to ensure that you receive appropriate services.
- To notify your case manager immediately of any changes to your income, address, phone number, insurance status, household members, etc.
- To respect the confidentiality and rights of others, including clients, volunteers, family and friends, and to treat all people with respect.
- To make appointments to see your case manager and/or pick up medication at least 24 hours in advance.
- To keep scheduled appointments, or to cancel them at least 24 hours in advance by calling your case manager.
- To speak in a calm and polite non-threatening manner with all persons.



# CLIENT RIGHTS AND RESPONSIBILITIES

- To complete a client satisfaction survey once a year.

## Grievance Policy:

The Grievance Policy explains how to air grievances through appropriate channels. If you are dissatisfied with the services you are receiving from the Florida Department of Health in Nassau County, please follow these steps:

1. Within 30 days of the grievance, schedule and attend a meeting with the Care Coordinator at 904-557-9132 to discuss the issue.
2. If the Care Coordinator is unable to resolve the issue within 10 days of the meeting, contact the Director of Disease Control at 904-875-9172 to further discuss the issue. Or, you may instead express your grievance in writing and send to the Director of Disease Control at 1620 Nectarine St, Fernandina Beach, FL 32034. Include date, names of involved individuals, description of the situation, and other pertinent details.
3. The Director will review the grievance. If the Director is unable to resolve the issue within 10 days of receiving your grievance, it will be forwarded to the Director of the County Health Department to file a formal grievance.
4. You will then be provided the opportunity to discuss your issue further with the appropriate administrative personnel.
5. You will be notified of the final resolution within 10 days of receipt of your grievance to the Director of the County Health Department.

I have read the above information regarding the Rights and Responsibilities and the Grievance Policy. All the information I have given to the FL DOH Nassau County is true and accurate to the best of my knowledge. I understand that it is a misdemeanor in the State of Florida to knowingly conceal or report wrong information regarding my financial and insurance status. I give consent to the FL DOH Nassau County and the Florida Department of Health to make inquiry and verify the information I have reported.

Furthermore, all services have been fully explained to me, and I have received written descriptions of these service programs. I understand that any questions regarding these services are welcomed by FL DOH Nassau County. I understand that the FL DOH Nassau County Ryan White Program office is open Monday through Friday 8 am – 5 pm and closed for lunch from 12 – 1 pm. I understand that there will be times when they are not available on demand even when the office is open, and back up will be provided as available. I give my consent to the FL DOH Nassau County to provide services and do hereby agree to abide by the rights and responsibilities and grievance policy as outlined in this document.

<b>Client or Legal Representative Signature:</b>	Date:
<b>Legal Representative Relationship to Client:</b>	
<b>Staff Signature:</b>	Date: