

## CLIENT PERSONAL RIGHTS

In accordance with Alcohol and/or Other Drug Program Certification Standards, the Client Personal Rights include, but are not limited to, the following:

- The right to confidentiality as provided for in HIPAA and Title 42, Code of Federal Regulations, part 2.
- The right to be accorded dignity in contact with staff, volunteers, board members, and other individuals.
- The right to be accorded safe, healthful and comfortable accommodations to meet his or her needs.
- The right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
- The right to be informed by the program of the procedures to file a grievance or appeal discharge.
- The right to be free from discrimination based on ethnic group identification, religion, age, gender, race, sexual orientation, or disability.
- The right to be accorded access to his or her file.

## COMPLAINTS

If you have concerns or feedback about the services you have received, this information can be communicated by:

- Sharing directly with your counselor or the program. We strongly believe this is the best way to express your concerns. Program staff is here to address your needs and to listen to you. If you are not comfortable talking with your counselor about a concern, you can ask to talk to the Program Manager.
- Contacting County of San Diego BHS Quality Management directly:
  - Call: 619-563-2700, ask for the Quality Management Coordinator of SUD Programs
  - Email: [ContactBHS.HHSA@sdcounty.ca.gov](mailto:ContactBHS.HHSA@sdcounty.ca.gov)
  - Mail: Quality Management Coordinator of SUD Programs  
3255 Camino Del Rio South  
San Diego, CA 92108  
Mail Stop: P531G
- Contacting County of San Diego BHS Contract Coordinator (COR) directly (information available from the program)
- Completing an online BHS feedback form at the HHSA BHS website:  
<http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bhsfeedback.html>
- Contacting the California Department of Health Care Services (DHCS) directly. If you wish to file a complaint about a licensed, certified AOD drug service provider OR a registered or certified counselor you can do so via mail, fax or by using the Department of Health Care Services' (DHCS) online complaint form. To mail or fax a complaint, contact:

Department of Health Care Services  
Substance Use Disorder Services  
PO Box 997413  
MS# 2601  
Sacramento, CA 95899-7413  
Fax number: (916) 440-5094

To complete the DHCS online complaint form, use this link:

<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may also be made by telephoning the appropriate licensing branch listed below:

SUD Compliance Division:  
Public Number: (916) 322-2911  
Toll Free Number: (877) 685-8333

You will not be subject to any discrimination, penalty, sanction or restriction for expressing a complaint by any of the above methods.

Acknowledgement

I have been personally advised and have received a copy of my personal rights and have been informed of the provisions for complaints at the time of my admission to: \_\_\_\_\_

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(Client's Signature)

(Date)