

PARTICIPANT RIGHTS & RESPONSIBILITIES and HIPAA NOTICE OF PRIVACY PRACTICES

PARTICIPANT RIGHTS

NON-DISCRIMINATION. You have the right to participate in the Lighthouse Professional Services, Inc. program as appropriate with the Lighthouse mission and goals regardless of race, age, disability, creed, religion, sex or national origin. Lighthouse does not discriminate against anyone for any reason pursuant to Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990.

RESPECT AND DIGNITY. You have the right to be treated with dignity and respect at all time under all circumstances. You have the right to expect respect for your personal values and belief systems.

CONFIDENTIALITY. Lighthouse, its board of directors, and its employees shall comply with applicable state and federal regulations as set forth in 42 CFR, Part 2 and TCA 10-7-504(a)&(h) and TCA 63-1-136(d). You have the right within the law to confidentiality regarding your participation in the Lighthouse program. Information regarding your participation will not be released without your express permission. You have the right to expect all records, communications, discussions, or exchanges of information regarding your case to be treated confidentially. No information regarding your case shall be disclosed without your written consent to any person or agency except to the Tennessee Department of Health as pursuant to TCA 63-1-136(d) when applicable, or to a court of legal jurisdiction when applicable. This confidentiality is not restricted by time.

SPECIAL DISCLOSURE. No information shall be disclosed or exchanged without your written consent except for the following reasons: Medical emergency, order from a court of legal jurisdiction, crime, or fear or threat of crime, against Lighthouse personnel or on Lighthouse premises, internal communications and review, state or federal audits, non-patient identifying information. Information may be disclosed without your permission as allowed by law to agencies representing abuse and neglect, law enforcement, workers compensation, military activity, national security, or criminal activity.

HEALTH INFORMATION. You have the right to inspect certain parts of your program file. You may request to view or copy medical information or drug screen results. You may review or copy any document generated by you that has been placed in your file. You may not review or copy any notes, progress notes, or information generated by Lighthouse regarding your case. You may not inspect information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. You may not inspect information that is subject to law that prohibits access to protected health information. Requests to view your file must be in writing and by appointment only.

CONSENT WITHDRAWAL. You have the right to withdraw any written consent that authorizes the exchange of information at any time by notifying Lighthouse verbally or in writing. Upon receipt of such request to withdraw permission to exchange information, Lighthouse will stop all communications, written or verbal, with the individual(s) from whom permission has been withdrawn.

PUBLIC STATEMENTS. You will not be required to participate in public displays or make public statements that acknowledge gratitude to Lighthouse or its directors.

HUMAN RESEARCH. You have the right to refuse participation in any research or experimentation. Statistical and demographic information may be used in compilation of data, but NO identifying information shall be disclosed or used at any time. You have the right to periodically review such data upon request.

NON-PARTICIPATION. You have the right to refuse participation in the Lighthouse program in part or as a whole. Non-participation may mean loss of Lighthouse advocacy and/or non-compliance with your program.

GRIEVANCES AND COMPLAINTS. You have the right to file a grievance at any time you feel that your rights have been violated. You may express concerns and/or problems at any time without affecting your current program status or the completion of your program. You will not be penalized for filing a complaint or grievance. Grievances must be in writing and directed to the executive director of Lighthouse Professional Services at P.O. Box 727, White Bluff, TN 37187. If the problem is not resolved by the executive director, you may contact the board of directors. You can expect appropriate disposition to occur within 30 calendar days.

PARTICIPANT RESPONSIBILITIES

PROVISION OF INFORMATION. You are responsible for providing, to the best of your knowledge, accurate and complete information to your Lighthouse case manager. You are expected to accurately disclose all information necessary for the proper monitoring of your case including, but not limited to, your treatment, aftercare, legal situations, financial abilities, family history, medical history, prior treatment(s), and social behaviors.

REPORTING. You are responsible for reporting any changes in your physical and/or mental condition, your life style, family situation, legal problems, financial status, work situation, or other incidences or conditions that may affect your ability to remain compliant with your Lighthouse program. You are expected to notify your Lighthouse case manager immediately when any changes occur.

VIOLATION OF RIGHTS. You are responsible for immediately notifying Lighthouse if you believe your rights have been violated in any way, or if you have complaints that need to be addressed.

COMPLIANCE WITH INSTRUCTIONS. You are responsible for complying with each part of your individual Lighthouse program action plan without reminders, either written or verbal, notes, follow-ups, or phone calls from Lighthouse. You are responsible for meeting deadlines, due dates, and scheduled appointments without additional notice from Lighthouse. This responsibility does not include communication with Lighthouse necessary for additional information, instruction, discussion, consultation, explanation, or question.

RESPECT AND DIGNITY. You are responsible for treating Lighthouse personnel with courtesy and respect at all times as you fulfill the terms of your Lighthouse program.

Acknowledgement:

I certify I have been informed of my rights and responsibilities in simple terms. I have been afforded the opportunity to ask questions in order to insure that I fully understand my rights and responsibilities. I have received a copy of these privacy practices.

Participant signature _____ Date _____

Witness signature _____ Date _____