



NOTICE OF PERSONAL RIGHTS

In accordance with the Alcohol And/ Or Other Drug Program Certification Standards and Title 9, Chapter 4, Section 10569, of the California Code of Regulations, each person receiving services from a Substance Use Disorder treatment program shall have rights, which 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;
- To be accorded dignity in contact with staff, volunteers, board members, and other individuals/persons;
- To be accorded safe, healthful and comfortable accommodations to meet their needs;
- To be free from verbal, emotional, or physical abuse, and/or inappropriate sexual behavior;
- To be informed by the program of the procedures to file a grievance and/or appeal, including but not limited to, the address and telephone number of the Department of Health Care Services;
- To be free from discrimination based on any protected class under Federal or State law, including sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or ability to pay;
- To be accorded access to his/her file;
- To take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.

In addition to the rights listed above each person also has the right to:

- Be free to attend religious services or activities of his/her choice and to have visits from a spiritual advisor provided that these services or activities do not conflict with program requirements. Participation in religious services is voluntary;
- Be referred to another program should they object to the religious nature of any program in accordance with Title 42, Part 54;
- Receive information on available treatment options and alternatives, presented in a manner appropriate to their condition and ability to understand;
- Participate in decisions regarding their health care, including the right to refuse treatment and to express preferences about future treatment decisions;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, **and**
- Exercise their rights, and that the exercise of those rights does not adversely affect the way they are treated.

NOTICE OF CIVIL RIGHTS

What are civil rights?

Civil rights are personal rights guaranteed and protected by the U.S. Constitution and federal laws enacted by Congress, such as Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title 9, Section 10800, of the Americans with Disabilities Act of 1990, and Section 1557 of the Affordable Care Act (ACA1557) Civil rights include protection from unlawful discrimination.

The Health and Human Services (HHS) Office for Civil Rights (OCR) enforces civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and, in some cases, religion by certain health care and human services entities:

- State and local social and health services agencies;
- Clinics, **and**

- Other entities receiving federal financial assistance from HHS.

Under these laws, all persons in the United States have a right to receive health care and human services in a nondiscriminatory manner. All persons have the right to file a discrimination grievance with the Department of Behavioral Health, DHCS Office of Civil Rights, and the United States Department of Health and Human Services, Office for Civil Rights (OCR). For example, you cannot be denied services or benefits simply because of your race, color, national origin, sex, gender identity, age, disability, or limited English proficiency (LEP).

What can I do if my civil rights have been violated?

If you feel a health care provider, human services agency, or program or activity conducted by HHS has unlawfully discriminated against you (or someone else), you may file an ACA1557 grievance with DBH [ACA 1557 Coordinator](#), or with [OCR](#).

How do I file a civil rights complaint?

By contacting DBH ACA1557 Coordinator or OCR.

OCR complaints may be filed at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

What is the time limit for filing a civil rights complaint?

ACA 1557 Grievances Must submitted to the ACA 1557 Coordinator within thirty (30) days of the date the person filing the grievance becomes aware of the alleged discriminatory action;

OCR Complaints must be filed within 180 days from the date of the alleged discrimination. (The Office for Civil Rights may extend this period if there is good cause.)

Where do I file a civil rights complaint?

You can file your ACA1557 Grievance by completing the approved [ACA 1557 Grievance Form](#) and emailing to aca_1557@dbh.sbcounty.gov, or you can also mail your grievance:

Attn: ACA 1557 Coordinator
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026

If assistance is needed in completing the form, the complainant may also call the ACA 1557 Coordinator at (909) 386-8223 (TTY: 711).

You can file your complaint against an HHS entity via the OCR Complaint Portal, at [OCRComplaint@hhs.gov](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf), or you can also mail or fax your complaint:

U.S. Dept. of Health & Human Services
90 7th Street, Suite 4-100, San Francisco, CA 94103
Voice Phone (800) 368-1019, FAX (202) 619-3818, TDD (800) 537-7697

For further information go to:

- U.S Department of Health and Human Services website at: <https://www.hhs.gov/civil-rights>

COMPLAINTS:

The **Department of Behavioral Health (DBH)** and its contracted providers comply with all State and Federal civil rights laws. DBH investigates complaints/grievances filed by clients receiving Behavioral Health (mental health and/or substance use disorder) services provided by the County or its contracted providers. If you wish to file a complaint or grievance, please contact:

Department of Behavioral Health, ACCESS Unit
303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92418-0026
Phone: (888) 743-1478 or (909) 386-8256, [TDD] 711, Fax: (909) 890-0353

The **Department of Health Care Services (DHCS)** Substance Use Disorder (SUD) Compliance Division investigates complaints against California's alcohol and other drug (AOD) recovery and treatment programs. The SUD Compliance Division also investigates violations of the code of conduct of registered or certified AOD counselors.

If you wish to file a complaint with DHCS 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 online Complaint Form, at: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints>

You can print the form and mail or fax to:

Department of Health Care Services, Substance Use Disorder Services
P.O. Box 997413, MS# 2601
Sacramento, CA 95899-7413
Or by calling toll free (877) 685-8333
Fax (916) 445-5084
E-mail: sudcomplaints@dhcs.ca.gov

Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may be made by telephoning the appropriate licensing branch: DHCS - SUD Compliance Division, Public Number: (916) 322-2911, Toll Free Number: (877) 685-8333

For complaints pertaining to the DHCS - Driving Under the Influence (DUI) Program complete the online Complaint Form at: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. You may contact the DUI Program Branch directly, Public Number: (916) 322-2964, FAX Number: (916) 440-5229

For complaints pertaining to a Narcotic Treatment Program (NTP) complete the online Complaint Form at: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. You may contact the NTP Branch: Public Number: (916) 322-6682, Fax Number: (916) 440-5230

CLIENT CERTIFICATION

I have been provided information regarding my personal/civil rights and how I can file a complaint/grievance with any of the following organizations if I feel any of my rights have been violated:

- The Department of Behavioral Health (DBH)
- The Department of Health Care Services (DHCS)
- U.S Department of Health and Human Services (for civil rights complaints) (HHS-OCR)

I have been informed that I can ask for additional information or assistance in filing a complaint/grievance at any time.

Print Client Name

Client Signature

Date