

Client Rights

While you are receiving services through Solutions Employee Assistance, L.L.C. you have the right to:

- a) Be treated with respect, dignity and privacy.
- b) Develop a plan of care and services which meets your unique needs.
- c) Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, Chapters 71.05 and 71.34 Revised Code of Washington (RCW).
- d) Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation.
- e) Be free of any sexual exploitation or harassment.
- f) Review your case record.
- g) Confidentiality as described in relevant statutes Chapter (70.02, 71.05 and 71.34 RCW) and regulations, Chapters 888-860 and 388-861 Washington Administration Code (WAC).
- h) Lodge a complaint with the Ombudsman, your health plan, or provider if you believe your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The Ombudsman may, at your request, assist you in filing a grievance. The Ombudsman's telephone number is 866-666-5070

For those in a prepaid health plan:

As well as the right to choose a primary care provider pursuant to WAC 388-862-110.

In a prepaid health plan (PHP) you have:

- a. the right to request an exemption from enrollment in the PHP pursuant to WAC 388-862-200
- b. the right to change primary care providers pursuant to WAC 388-862-210.
- c. the right to a second opinion from other staff in the recipient's assignee PHP pursuant to WAC 388-862-240, and
- d. the right to request disenrollment from the PHP pursuant to WAC 388-862-250

I have been informed of my rights as a client of Solutions Employee Assistance, LLC and have been offered a copy of said rights. I have also been offered a copy of the HIPPA Privacy Notice regarding my services at Solutions Employee Assistance, L.L.C..

Client Signature: _____

Date: _____