

CHILD AND ADOLESCENT HEALTH PROGRAM Client Rights and Responsibilities

YOUR RIGHTS:

- 1. You have the right to receive services in our program: regardless of race, religion, national origin, gender, sexual orientation, handicap or ability to pay.
- 2. You have the right to be treated with respect and dignity.
- 3. You have the right to receive the best possible care and have all other options for care explained to you.
- 4. You have the right to privacy.
- 5. You have the right to discuss any questions or problems you may have about your care with health center staff.
- 6. You have the right to refuse any services you don't want or do not understand.
- 7. You have the right to make a complaint if you are not satisfied with your care.

YOUR RIGHT TO CONFIDENTIAL SERVICES

- 1. You have the right to confidential services.
- 2. You have the right to confidential services without a parental consent, including:
 - a. Testing, diagnosis, and treatment for a sexually transmitted infection (STI)
 - b. HIV counseling and testing
 - c. Pregnancy testing, prenatal care, and pregnancy related care
 - d. Mental health services for youth age 14 and older
 - e. Reproductive health services, including reproductive health counseling, contraceptive counseling, or referrals to obtain contraceptives.
 - f. Substance abuse services, including counseling and treatment
- 3. You have the right to OK or refuse the release of confidential information unless law requires otherwise.
- 4. Confidentiality may be broken when:
 - a. You tell our staff or we suspect that a parent or guardian or other individual is hurting you.
 - b. You tell our staff that you want to hurt yourself.
 - c. You tell our staff you want to hurt someone else.
 - d. You have a life or limb threatening emergency.

If you are under age 18, parents and legal guardians do have the right to see your record, except for information identified as confidential above. When the health center receives a request from a parent or guardian to view your record, our staff will meet with you first and will also be available to review the information together with you and your parent/legal guardian.

Parents and school staff may be notified of the time you checked into the health center and the time you left, if this information is needed for attendance purposes.

YOUR RESPONSIBILITIES:

- 1. You are responsible for:
 - o Treating health center staff with respect.
 - o Answering questions and telling the truth about your health.
 - o Showing respect and privacy for others using the health center.
 - o Asking questions about anything you don't understand.
 - o Telling program staff about any changes in your health.
 - o Arriving on time for your appointments.
 - o Letting health center staff know if you can't make an appointment.
 - o Giving the health center the correct information about your insurance, address, name, or phone number. If any of this information changes, you are responsible to tell the health center.
 - Following the instructions your health provider gives you about your care.

If you feel your rights have been violated, please inform health center staff.



IRONMEN HEALTH CENTER Mancelona Family Resource Center 205 Grove St., Mancelona, MI 49659 (231) 587-9840 Fax (231) 587-9846



HORNET HEALTH CENTER
Pellston Middle/High School
172 Park St., Pellston, MI 49769
(231) 539-8550
Fax (231) 539-8616



Boyne City Elementary School 930 Brockway Boyne City, MI 49712 Boyne City Middle School 1025 Boyne Ave Boyne City, MI 49712 WELLNESS
CENTER

GAYLORD BLUE DEVIL WELLNESS CENTER

Gaylord High School 90 Livingston Blvd., Gaylord, MI 49735 (989) 732-6890 Fax (989) 732-6891

The Child and Adolescent Health Center Program is operated by the Health Department of Northwest Michigan, with major funding from the Michigan Department of Health and Human Services and Michigan Department of Education.