

Address: 11759 Southwest HWY STE 2  
Palos Heights, IL. 60463  
Office: (708) 267-8471 Fax: (708) 274-1356  
Website: RogerianSolutions.Org



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## Client/Patient Rights

Rogerian Solutions always strives to provide you with the best treatment experience as possible and to protect your rights as a client or patient at all times. One way of facilitating this is by informing you of your rights and educating you on how you can file a complaint. Your rights as a patient or client, including how to file compliant is listed as follows:

1. You have the right not be denied access to services based off race, religion, ethnicity, disability, sexual orientation or HIV status.
2. You have the right to receive services in the least restrictive environment available.
3. You have the right to keep your AIDS/HIV status confidential and to receive AIDS/HIV testing in an anonymous and confidential manner.
4. You have the right to nondiscriminatory access to services in accordance with the American With Disabilities Act.
5. You have the right to request restrictions on certain use or disclosures of your protected health information. You can make this request at any time with Rogerian Solutions. Such request will be reviewed and responded to by our Privacy Officer.
6. You have the right to request an amendment to your protected health information and request an additional review if your request to amendment is denied. You have the right to include a disagreement disclosure pertaining to specific PHI that was not amended to your satisfaction. Your disagreement disclosure will have our rational included to provide the reasons why your health record was not amended.
7. You have the right to receive confidential communications pertaining to your protected health information and to keep all information pertaining to the receipt of the services you receive confidential as applicable with all federal and state laws.
8. You have the right to inspect and copy your protected health information.
9. You have the right to receive accounting of disclosures made pertaining to your protected health information.
10. You have the right to receive a paper copy of your protected health information
11. You have the right to refuse treatment or any specific treatment procedure and be apprised of potential consequences of refusing such treatment and/or procedure.
12. You have the right to file a written complaint or disagreement to our CEO at:

**Chief Executive Officer**  
**11759 Southwest HWY STE 2**  
**Palos Heights, IL. 60463**

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**This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review it Carefully.**

Your protected health information is subject to be reviewed by health oversight agencies or other governmental agencies that are authorized by law to inspect/receive your protected health information for the purposes of conducting audits and inspections. Your protected health information and identifying information shall be kept protected by such agencies during such audits or inspections.

Your protected health information is subjected to be disclosed without your consent if you commit a crime at Rogerian Solutions or if it is believed you are presently abusing/neglecting a minor/senior or pose imminent danger to another individual. In such situation, minimal protected health information will be disclosed in order to effectively report abuse/neglect of a child/senior or forewarn/protect the individual that's in imminent danger.

**Protection**

Rogerian Solutions is required to protect all information pertaining to your treatment received at our organization. Unless required by law and/or mentioned below, Rogerian Solutions shall never disclose your protected health information. Rogerian Solutions shall seek your authorization prior to communicating/releasing your protected health information.

**Your Rights**

You have the right to request restrictions on certain use or disclosures of your protected health information. You can make this request at any time with Rogerian Solutions. Such request will be reviewed and responded to by our Privacy Officer.

You have the right to request an amendment to your protected health information and request an additional review if your amendment request is denied. You have the right to include a disagreement disclosure pertaining to specific PHI that was not amended to your satisfaction.

Your disagreement disclosure will have our rationale included to provide the reasons why your health record was not amended.

You have the right to receive confidential communications pertaining to your protected health information.

You have the right to inspect and copy your protected health information.

You have the right to receive accounting of disclosures made pertaining to your protected health information.

You have the right to receive a paper copy of your protected health information.

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### **Requests to Amend Your Health Record**

You can make your request to amend your health record by making such request in writing and delivering it in person or mail to:

**Privacy Officer  
11759 Southwest HWY STE 2  
Palos Heights, IL. 60463**

If you are in need of assistance with creating your amendment request, you can schedule an appointment to receive assistance with your request.

### **Complaints**

You have the right to file a complaint with Rogerian Solutions pertaining to your protected health information. You have the right to file such complaint without experiencing retaliation for filing such complaint. You can submit your claim in writing with our Privacy Officer at

**Privacy Officer  
11759 Southwest HWY STE 2  
Palos Heights, IL. 60463  
(708) 267-8471**

If assistance with creating your complaint is needed, you can contact our Privacy Officer at the number listed above.

You have the right to file a complaint with the US Department of Human Services without experiencing retaliation.

**Centralized Case Management Operations  
U.S. Department of Health and Human Services 200 Independence Avenue, S.W.  
Room 509F HHH Bldg. Washington, D.C. 20201**

You can also file your complaint with the US Department of Health and Human Services online through US Dept. HHS portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>