

Landmark Recovery of Denver
2000 S. Blackhawk St.
Aurora, CO 80012
EIN: 852203379
Phone: 7205040773
Fax: 8885705907

Consents - Patient Rights Colorado

Patient Rights for 2025-02-24

All individuals who apply for services, regardless of sex, race, age, color, creed, financial status, or national origin, are assured that their lawful rights as patients shall be guaranteed and protected. While being served, you, the Patient, are assured and guaranteed the following rights:

1. To give informed consent prior to receiving a service
2. To have input into your treatment plan and be informed of its content
3. To receive individualized treatment
4. To file a grievance, recommendation or opinion regarding the services you receive without fear of retaliation
5. To give informed written consent prior to participating in a research study
6. Confidentiality of your Medical Record in accordance with state regulations.
7. To choose in writing which persons or agencies, if any, may receive information about your stay at the Facility, and to revoke such privileges at any time
8. To request a written statement of the charge for a service and be informed of the policy for the assessment and payment of fees
9. To be informed of the rules of client conduct, including the consequences for the use of alcohol and other drugs or other infractions that may result in disciplinary action or discharge
10. To have a listing of all available advocacy services;
11. The information must be presented in a manner or format that promotes understanding by clients of their rights and an opportunity must be given to clients to ask questions about the information. If a client who is unable to understand this information at the time of admission later becomes able to do so, the information must be presented to the client at that time. If a client is likely to continue indefinitely to be unable to understand this information, the facility must promptly attempt to provide the required information to a parent, guardian, or other appropriate person or agency responsible for protecting the rights of the client.
12. To be treated with consideration, respect, and personal dignity
13. To review your client record and ask us to correct information that you think is incorrect or incomplete. We may say no, but will tell you why in writing within 60 days.
14. To receive one (1) free copy of your client record, upon request.
15. To exercise your constitutional, statutory, and civil rights including the right to participate in any political election
16. To receive the right to privacy while receiving services.
17. To have reasonable accommodations to afford privacy in phone conversations, bathing, toileting, and bedroom/sleeping area.
18. If residential services are provided, clients must be allowed to receive and send sealed correspondence. No incoming or outgoing correspondence shall be opened, delayed, held, or censored by the personnel of the facility. Mail can be opened in the presence of staff when there is reason to believe that the contents thereof may be harmful to the client or others.
19. To have individual counseling sessions conducted in a private setting
20. To be protected by the licensee from neglect; from physical, verbal and emotional abuse (including corporal punishment); and from all forms of misappropriation and/or exploitation.
21. A person may be photographed upon admission for identification and the administrative purposes of the facility. The photographs shall be confidential and shall not be released by the facility except pursuant to court order. No other nonmedical photographs shall be taken or used without appropriate consent or authorization.
22. Any allegations of physical or sexual abuse by a therapist shall immediately be brought to the attention of the Clinical Director and the police shall be notified. The Patient will be afforded the opportunity to contact the Police, Abuse Hotline, and state specific regulatory body.
23. You have the right to call law enforcement in the event of an emergency and to report a crime.

Grievance Procedure:

1. Any person(s) who believes that their rights have been violated or has a complaint or grievance may file a complaint pursuant to the procedures set forth below, on their behalf or on the behalf of another person. All persons are encouraged to file a grievance. By filing a complaint the individual will not subject themselves to any form of adverse action, reprimand, retaliation, or otherwise negative treatment by

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Landmark Recovery of Denver. Patient shall have immediate access to the grievance form; a posting of the grievance procedure will be in the group room with the levels of appeals, and in the Patient handbook.

2. The processing procedures for grievances and complaints are as follows: 1. The Patient is encouraged to discuss any problems with their therapist. The Patient and therapist will try to find a resolution.

2. All grievances shall first be filed with the Executive Director by completing a "Patient Grievance" form. The Director will conduct an internal investigation and render an initial determination and resolution within 3 days of receipt of the complaint in writing.

3. If the complainant is not satisfied or if the complaint is not resolved with the results achieved in Step 2, the complainant may file an appeal and/or the grievance shall be forwarded to the Patient's Rights Committee and this meeting shall be held within five working days of the date it is requested.

4. The Patient shall be presented a resolution and response to their grievance in writing.

5. If the Patient is dissatisfied at any point, the Patient has the right to voice complaints, questions, or concerns about service, treatment, procedures, rights, and policies by calling any one of the following agencies:

The U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll Free: 1-877-696-6775

Colorado Department of Human Services, Office of Behavioral Health

3824 W Princeton Cir

Denver, CO 80236

Toll Free: 1-303-866-7400

The Joint Commission

Office of Quality and Patient Safety

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Fax: 630-792-5636

3. Any allegations of physical or sexual abuse by a therapist shall immediately be brought to the attention of the Clinical Director and the police shall be notified. The Patient will be afforded the opportunity to contact the Police, Abuse Hotline, and state specific regulatory body.

I, Connect Testpatient, hereby acknowledge receipt of and understand the "Patient Rights" statement.