

## Client Bill of Rights

<b>ASPIRE</b> Section: Rights of Persons Served Subject: <b>Client Bill of Rights, Responsibilities and Complaint Policy</b>	
CARF Ref: ASPIRE- Section 1.K.1, 2	
Last Review/ Revision: March 2022	Next Review: March 2023
Scope: Persons Served/Clients, Personnel and Other Stakeholders (as applicable)	Page: 1 of 4
Approved By: Baldev Mutta, Chief Executive Officer	

### **1.0 Clients Rights**

As a person receiving services from Punjabi Community Health Services (PCHS), you have the right to:

#### **1.1 Access to Information**

- 1.1.1 gain access to your records by submitting a 'Request Form for Access to Personal Health Records'. Request Form is available with your caseworker/manager or at the reception desk.
- 1.1.2 choose the services or programs in which you participate based upon information about program guidelines, care plan procedures, costs, risks, rights and responsibilities.

#### **1.2 Development of Care Plan**

- 1.2.1 ask questions and get answers about services.
- 1.2.2 designate a person to be present with them during assessments.
- 1.2.3 be an active participant in all decisions about your care plan or services.
- 1.2.4 designate a person to participate in the development, evaluation and revision of their care plan.
- 1.2.5 discuss your care plan with your case manager.
- 1.2.6 receive treatment in the appropriate setting - one that provides the most freedom relevant to your care plan needs.
- 1.2.7 have your family involved in your care plan.
- 1.2.8 refuse family participation in your care plan if you choose.

#### **1.3 Privacy and Confidentiality of Information**

- 1.3.1 that all personal health information collected will be kept confidential.

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- 1.3.2 that the information will only be released after the client has provided written consent.
- 1.3.3 one to one intervention will be provided in a private setting.

### **1.4 Freedom from Abuse**

- 1.4.1 receive services free from discrimination on any ground of discrimination prohibited the Human Rights Code or the Canadian Charter of Rights and freedoms.
- 1.4.2 be treated with dignity and respect.
- 1.4.3 not be subjected to verbal, physical, sexual, emotional or financial abuse/exploitation; harsh or unfair conduct.
- 1.4.4 to be dealt with in a manner that recognizes the client's individuality and is sensitive to and responds to the clients' needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors.

### **1.5 Client has Right to**

- 1.5.1 receive services in a culturally safe manner, who is First Nations, Métis or Inuk has the right.
- 1.5.2 receive to clear and accessible information about services in the language they understands.
- 1.5.3 receive assistance in co-ordinating their services from the health service provider or Ontario Health Team.
- 1.5.4 refuse consent to the provision of any service.
- 1.5.5 raise concerns or recommend changes in connection with the service provided.

### **1.6 Freedom from Financial Exploitation**

- 1.6.1 the fee for service will only be charged when the services fall outside the funders' guidelines.
- 1.6.2 the Fee for Service schedule is available at the reception.

### **1.6 Freedom from Retaliation**

- 1.7.1 receive services even if you have complained against a staff member, and there will be no retaliation against the client refuses service or care plan.
- 1.6.2 refuse service or care plan.

### **1.7 Freedom from Humiliation**

- 1.8.1 receive services even if you have complained against a staff member and there will be no humiliation against the client.

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### **1.8 Freedom from Neglect**

1.9.1 receive services even if you have complained against a staff member and there will be no neglect against the client.

### **1.9 File a Complaint**

1.10.1 make complaints, have them addressed, get a written response within 30 working days. Complain in writing against the staff.

1.9.2 a proper complaint procedure that will be outlined to you when the complaint is filed.

1.9.3 continue to receive services and there will be no retaliation, humiliation or neglect against the client because of the complaint filed.

1.9.4 be assisted by an advocate of your choice; for example, family, friend, case manager, member of a consumer advocacy committee or organization, etc.

### **3.0 Complaint Policy**

#### **3.1 Policy Statement**

PCHS is committed to providing excellent service. We recognize that there may be concerns or complaints from time to time, and we believe that our clients and stakeholders have the right to tell us about them. We also believe that the process for resolving concerns and complaints should be timely, fair and respectful.

#### **3.2 Complaint Procedure**

Follow the step-by-step directions below for making a complaint and what to expect during the process. A complaint will not result in retaliation or a barrier to your services.

##### **Step 1: Resolve with Staff member:**

Try to resolve your issue with the PCHS staff member facing problems.

##### **Step 2: Complaint to Staff's Immediate Supervisor:**

If you are not satisfied, submit a written complaint addressed to the staff member's immediate supervisor (via mail, fax, or person). Please ask for the 'Complaint Form' (*attached as Appendix 'B'*) at Reception Desk. You can also get the name and designation of the supervisor from the Reception Desk.

**Mailing address:** Punjabi Community Health Services (PCHS)  
2980 Drew Road, Unit 241, Mississauga, ON, L4T 0A7

**Email address:** [info@pchs4u.com](mailto:info@pchs4u.com)

**Fax Number:** 905.677.9141

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**In-Person:** Please drop the sealed envelope at the Reception Desk at any of our office locations. Please address the envelope as 'Complaint Form.'

You will receive a written response within 30 working days.

### **Step 3: Complaint to Director of Operations:**

If you are still unsatisfied with the response from a supervisor, please fill and submit the 'Request form for complaining to next level' (*attached as Appendix 'C'*) to the DOO.

**Mailing address:** Punjabi Community Health Services (PCHS)  
2980 Drew Road, Unit 241, Mississauga, ON, L4T 0A7

**Email address:** [Mudassara@pchs4u.com](mailto:Mudassara@pchs4u.com)

**Fax Number:** 905.677.9141

**In-Person:** Please drop the sealed envelope at the Reception Desk at any of our office locations. Please address the envelope as 'Complaint Form.'

You will receive a written response within 30 working days

### **Step 4: Complaint to Chief Operating Officer (COO):**

If you are still unsatisfied with the response from the DOO, please fill and submit the 'Request form for complaining to next level' (*attached as Appendix 'C'*) to the COO.

**Mailing address:** Punjabi Community Health Services (PCHS)  
2980 Drew Road, Unit 241, Mississauga, ON, L4T 0A7

**Email address:** [amandeep@pchs4u.com](mailto:amandeep@pchs4u.com)

**Fax Number:** 905.677.9141

**In-Person:** Please drop the sealed envelope at the Reception Desk at any of our office locations. Please address the envelope as 'Complaint Form.'

You will receive a written response within 30 working days.

### **Step 5: Complaint to Chief Executive Officer (CEO):**

If you are still unsatisfied with the response from the COO, please fill up and submit the 'Request form for complaining to next level' to the CEO.

**Mailing address:** Punjabi Community Health Services (PCHS)  
2980 Drew Road, Unit 241, Mississauga, ON, L4T 0A7

**Email address:** [baldev@pchs4u.com](mailto:baldev@pchs4u.com)

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**Fax Number:** 905.677.9141

**In-Person:** Please drop the sealed envelope at the Reception Desk at any of our office locations. Please address the envelope as 'Complaint Form.'

You will receive a written response within 30 working days.

### **Step 6: Complaint to Board President:**

If you are still unsatisfied with the response from the CEO, please fill up and submit The 'Request form for complaining to next level' to Board President

**Mailing address:** Punjabi Community Health Services (PCHS)  
2980 Drew Road, Unit 241, Mississauga, ON, L4T 0A7

**Email address:** [president @pchs4u.com](mailto:president@pchs4u.com)

**Fax Number:** 905.677.9141

**In-Person:** Please drop the sealed envelope at the Reception Desk at any of our office locations. Please address the envelope as 'Complaint Form.'

You will receive a written response within 30 working days.

### **Step 7: Still Unsatisfied?**

If you are still unsatisfied with the response from Board, you are free to seek Independent advice at your own cost. (outside of PCHS)

Please note that the 'in-person' option is not available during COVID-19 Pandemic.