

## **CLIENT BILL OF RIGHTS**

A. This section shall apply to all State funded mental health Program Elements. Inpatient Units, including 24-hour Supervised Treatment Homes providing crisis intervention services for children, are also required to comply with laws governing the treatment of persons admitted to inpatient psychiatric facilities, including but not limited to N.J.S.A. 30:4-24, 30:4-24.1, 30:4-24.2 and 30:4-24.3.

B. Each client shall be made aware of the rights and privileges in receiving mental health services. Each agency shall establish a policy statement in this regard.

C. Notice of the client's rights and any rules governing the conduct of clients with respect to an agency shall be given to each client within five days of first in person assessment. Such notice shall be in writing, and shall be supplemented by an offer to discuss or explain the written description. Explanations shall be in a language which the client understands. If the client cannot read the provisions of the notice, it shall be read to him/her.

D. In the case of an adjudicated incompetent client, such procedure in C above shall be followed for the client's guardian. Receipt of the written notice shall be documented in the client's file.

E. If the client or guardian refuses to acknowledge receipt of the notice, the person delivering the notice shall document this in the client's file.

F. Subject to any other provisions of law, no client shall be deprived of any civil right solely by reason of his/her receiving mental health services, nor shall such services modify or vary any legal or civil right of any client.

G. No client may be presumed to be incompetent because she/he has been examined or treated for mental illness, regardless of whether such evaluation or treatment was voluntarily or involuntarily received.

H. All funded mental health programs shall provide their clients with the following rights, a list of which shall be prominently posted in all facilities and brought to the attention of clients as described in B above, and by additional means as the Division may require.

1. The right to be free from unnecessary or excessive medication. (See N.J.A.C. 10:37-6.54)

2. The right to not be subjected to non-standard treatment or procedures, experimental procedures or research, psycho-surgery, sterilization, electro-convulsive therapy or provider demonstration programs, without written informed consent, after consultation with counsel or interested party of the client's choice. (See N.J.A.C. 10:37-6, Article XV.)

a. If a client has been adjudicated incompetent, authorization for such procedures may be obtained only pursuant to the requirements of N.J.S.A. 30:4-24.2d(2).

3. The right to treatment in the least restrictive setting, free from physical restraints and isolation, provided, however, that a client in Inpatient Care may be restrained or isolated in an emergency pursuant to the provisions of N.J.S.A. 30:4-24.2d(3). (See N.J.A.C. 10:37-6, Article XV.)

4. The right to be free from corporal punishment.

5. The right to privacy and dignity.

6. The right to the least restrictive conditions necessary to achieve the goals of treatment/services.

I. All eligible individuals have the right to receive service and be treated with dignity and respect regardless of race, ethnicity, nationality, disability, age, religion, marital status sex, sexual orientation, gender identity, and gender expression.

## CLIENT GRIEVANCE PROCEDURE

Any client of Jewish Family Service of MetroWest has the right to ask for a review if there is a concern about any aspect of service delivery. Should you ask for such a review, the procedure is as follows:

- You should first address your concern with your assigned staff member, verbally or in writing. You will receive a response to your grievance within 1 week.
- If you are not comfortable approaching your assigned staff member, you may contact their supervisor. You are also entitled to a meeting with their supervisor if you are not satisfied with the initial resolution. You will receive a response to your grievance within 1 week.
- Requests to escalate the grievance to your staff member's supervisor or management team must be made in writing, and explicitly state that you are making a formal grievance. This request should include the nature of the complaint, dates of occurrence and names of individuals involved.
  - The staff member's supervisor and/or management staff will respond in writing that the grievance has been received within 3 business days, including a plan for investigation and response timeline.
  - Claims investigations may include gathering information from you, staff, potential witnesses, and the client file. When necessary, an authorization to release/obtain information may be required to fully complete an investigation.
  - You will receive a response to your grievance within 30 business days.
- If your grievance is still unresolved, you may request in writing, that the grievance is given to the Chief Operating Officer (COO), or Chief Executive Officer (CEO) if the COO was previously involved in the investigation, for further review. The CEO/COO will review all documentation of the investigation. You will receive a final response in writing within 6 business days.



- A complaint may also be made by you, without fear of reprisal, to any of the appropriate county or state agencies in the attached lists.

At every stage in the client grievance process, JFS staff will document investigation/findings and keep copies of all incident reports/UIRs and written communication about the complaint in your client file.

**JEWISH FAMILY SERVICE OF METROWEST**  
**Notice of Privacy Practices**

**JEWISH FAMILY SERVICE OF METROWEST HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).** This notice describes how your PHI may be used and disclosed and how you can access this information. All employees and volunteers of JFS of MetroWest (JFS) are legally required to abide by the policies set forth in this notice, and to protect the privacy of your health information.

**Your PHI includes any information that can be used to identify you.** We collect or receive health information about your past, present or future health condition to provide treatment or other social work services to you and for certain administrative purposes. Your protected health information may be used only for these purposes unless JFS obtains your written authorization or the use or disclosure is permitted by HIPAA privacy regulations or state law.

**We must maintain the privacy of your protected health information.** We are required by both state and federal law to provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the need for the information.

**We are required to abide by the terms of this notice currently in effect.** We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to PHI already in existence. Before we make any change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice by contacting our Reception Desk at any time.

---

**JFS can use or disclose your PHI for purposes of treatment and health care operations.**

- 1. For treatment:** Your PHI may be shared among our agency staff for coordination of treatment. Your PHI may also be used to contact you concerning appointment scheduling.
- 2. For healthcare operations:** Your PHI may be shared to support JFS operations related to treatment, such as quality assurance activities, case management, receiving and responding to client comments or complaints, compliance programs and /or licensing or accrediting organizations, audits, management and administrative activities.
- 3. For payment:** Your PHI may be shared with your source of healthcare coverage for the purpose of reimbursement and/or preapproval for services.

**Other Types of Uses or Disclosures of PHI That Can Be Made Without your Consent:**

1. If you make a threat to your own safety and/or make a threat against a specific individual or group, that individual or the person responsible for the group may be notified (e.g. school principal if the threat was made against a school). Police may be notified if the intended victim cannot be contacted. This is in accordance with JFS's duty to warn others of potential threats against them.
2. The Department of Child Protection and Permanency (DCP&P) may be notified of information regarding child abuse or neglect.
3. The appropriate County Welfare Agency may be notified of information regarding abuse or neglect that occurred in a rooming/boardng/nursing home.
4. Information may be shared with another mental health agency in accordance with HIPAA rules.
5. Information may be released in accordance with a court order signed by a judge or to comply with any Federal or State law requiring the release of the information.
6. Information may be released to a psychiatric screening center to facilitate an evaluation.
7. Your records may be disclosed to clinical records audit teams, monitoring and site review staff designated by the New Jersey Department of Human Services, the Office of Legislative Services, the New Jersey Department of Health and Senior Services, and the Centers for Medicaid & Medicare Services.
8. Information may be released to a person participating in a Professional Standards Review Organization.
9. Information may be released to the offices of the State Medical Examiner or County Medical Examiner for purposes of making investigations and conducting autopsies.
10. Information regarding your current medical condition may be released to a family member or friend if you do not object. (NJAC 10:37-6.79 (e))
11. Information may be released to your personal physician or other healthcare provider, for your benefit.
12. Medication information may be released to your pharmacy.
13. The records of a deceased individual who has received services or for whom services were sought may be released to the estate's administrator or executor, or if no administrator or executor, to the next of kin.

**USES AND DISCLOSURES THAT REQUIRE YOUR CONSENT MAY ONLY BE MADE UPON YOUR PRIOR**

**WRITTEN AUTHORIZATION.** If you choose to sign an authorization to release your PHI, you may later cancel that authorization in writing. Release of information about any consumer under the age of 18 that requires authorization must be authorized by the consumer's parent or guardian. Unless otherwise ordered by a court, when the consumer is 14 years of age or older, but has not yet reached the age of majority, an authorization shall be signed by the consumer and the consumer's parent or legal guardian.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

- 1. You have the right to request limits on how we use and release your health information.** We are not required to agree to a requested restriction, but if we accept your request, we will abide by it except in emergency situations. You may not limit health information that we are legally required to release. To request a limitation, please contact our Privacy Officer.
- 2. You have the right to choose how we communicate PHI to and about you.** All of our communications to and about you are considered confidential. You have the right to ask that JFS provide information to you using an alternative means. To make a confidential communications request, please submit your request in writing to our Privacy Officer.
- 3. You have the right to inspect and copy your PHI.** You must make this request in writing. Psychotherapy notes and information contained in a record that is prepared in response to a court order are specifically excluded. If you request a copy of your PHI, a fee may be imposed for copying and mailing. In certain situations, JFS may deny your request. If so, we will tell you in writing why we denied your request. You may appeal this decision in writing and are entitled to a second review by a licensed healthcare professional not connected to the first denial.
- 4. If you pay in full for services and your insurance company is not billed, you may request JFS not provide information to health insurance companies.**
- 5. You have the right to get a list of instances of when and to whom JFS has disclosed your PHI with the exceptions provided by law, those you specifically authorized and those relating to payment and healthcare operations.** The list will include dates when your PHI was released and why; to whom your PHI was released (including their address if known), and a description of the information released. You must put this request in writing, and you will receive a response in sixty days. For a report of disclosures, please contact our Privacy Officer.
- 6. If your PHI is released inadvertently, JFS must notify you in writing regarding the circumstances of such a breach.**
- 7. You have the right to request a correction or update to your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we attach an explanation provided by you explaining your desired correction to the record as a medical record is considered a legal document. You must provide the request and reason for it in writing. We will respond within 60 days. We may deny your request in writing

if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, (iv) not part of our usual record. JFS has the right to refuse this addition to your file and will provide you with a written response stating the reason for denial and explaining your right to file a written statement of disagreement according to applicable law. Any agreed upon amendment will be included as an addition to, and not a replacement of already existing records. To request an update or correction, please contact the JFS Privacy Officer with your written documentation.

- 8. JFS cannot sell your PHI without explicit authorization and you may opt of receiving information about JFS fundraising activities.**

---

**CONCERNS ABOUT OUR PRIVACY PRACTICES:** If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint with our Privacy Officer. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, SW, Washington, D.C. 20201

**You will not be penalized for filing a complaint.**

**FOR INFORMATION ABOUT THIS NOTICE, TO EXERCISE YOUR RIGHTS, TO FILE A COMPLAINT, OR TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES, PLEASE CONTACT:**  
**JFS Privacy Officer**  
**Jewish Family Service of MetroWest**  
**256 Columbia Turnpike**  
**Florham Park, NJ 07932**  
**973-765-9050**

---

**EFFECTIVE DATE OF THIS NOTICE: March 9, 2009**  
**Revised November 2021**



**ADVOCACY SERVICES**

**Any questions related to service delivery, denial or termination of services should be an appropriate subject for review. Any client, applicant or other person shall have the right to seek review.**

**Listed below are the external advocacy services.**

<b><u>ESSEX COUNTY</u></b>	<b><u>MORRIS COUNTY</u></b>
<p>Joseph Scarpelli, D.C. Mental Health Administrator Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Phone: (973) 571-2821 / 2822 E-mail: <a href="mailto:jscarpelli@health.essexcountynj.org">jscarpelli@health.essexcountynj.org</a></p>	<p>Amy Archer Mental Health Administrator Morris County Dept. of Human Services One Medical Drive Parsippany, NJ 07054 Mailing: P.O. Box 900 Morristown, NJ 07963-0900 Phone: (973) 285-6852 E-mail: <a href="mailto:aarcher@co.morris.nj.us">aarcher@co.morris.nj.us</a></p>

<b><u>STATEWIDE</u></b>	
<p>Disability Rights New Jersey 210 South Broad Street – 3<sup>rd</sup> Fl. Trenton, NJ 08608 609-292-9742</p>	<p>State of New Jersey Division of Child Protection &amp; Permanency State Hotline: 877-NJ-ABUSE or 877-652-2873 800-922-7233</p>
<p>Division of Mental Health and Addiction Services Northern Regional Office 100 Hamilton Plaza, Floor 7 Paterson, NJ 07508 973-977-4397</p>	<p>Morris County Division on Aging, Disabilities, and Veterans P.O. Box 900 Morristown, NJ 07960 973-285-6848 After hours: 911 or 973-285-2900</p>
<p>Division of Mental Health and Addiction Services 5 Commerce Way PO BOX 362 Hamilton, NJ 08625 State Hotline: 800-382-6717</p>	<p>Community Health Law Project 650 Bloomfield Ave., #210 Bloomfield, NJ 07003 973-275-1175</p>
<p>State of New Jersey Division of Mental Health Advocacy Justice Hughes Complex 25 Market Street</p>	<p>Division of Mental Health Services' Ombudsman 5 Commerce Way P.O. Box 362 Hamilton, NJ 08625</p>



**Jewish Family Service**  
of MetroWest New Jersey

Trenton, NJ 08625

877-285-2844

Or for questions about mental illness and other  
non-emergency matters, contact NJ Mental Health Cares at 866-  
202-Help (4357)

609-438-4321

[dmhas@ombudsman@dhs.nj.gov](mailto:dmhas@ombudsman@dhs.nj.gov)



## ***Client Guidelines for Advance Directives for Mental Health Care***

### **1. What is an Advance Directive for Mental Health Care?**

An Advance Directive is a written document that expresses your preferences about mental health treatment.

### **2. What are the advantages of having an Advance Directive for Mental Health Care?**

An Advance Directive for Mental Health Care makes your treatment preferences known. An Advance Directive will improve communication between you and your psychiatrist and other treatment providers.

### **3. Why would I need to prepare an Advance Directive for Mental Health Care?**

You would prepare an Advance Directive for Mental Health Care if you are concerned there might be a time when your illness may interfere with your ability to understand treatment options or to communicate your preferences for different treatment options. The Advance Directive for Mental Health Care states your preferences and can also be used to name a friend or family member to make treatment decisions for you when you are incapable of doing so.

### **4. Is my Advance Directive a legal document?**

Yes. The New Jersey Advance Directives for Mental Health Care Act became law on March 22, 2006. The New Jersey Division of Mental Health Services also requires that mental health providers help clients understand the law and provide resources if they are interested in preparing an Advance Directive.

### **5. What should I do if I want more information or want to prepare an Advance Directive?**

You can ask your clinician for a copy of the Advance Directive form from the New Jersey Division of Mental Health Services. The clinician can help you to understand and complete the forms. Your clinician cannot witness your signature on the form so you will need to have it witnessed by someone other than your treatment providers.

### **6. How do I register my Advance Directive?**

You can contact the Division of Mental Health Services for a username and password which is limited only to you and your mental health care representative. They can be reached at (609) 777-0700.

### **7. Who has access to my Advance Directive through the registry?**

Only you, the mental health care representative whom you name in the Advance Directive and a mental health care provider are allowed to see the registry.

### **8. Who is authorized to have access to the registry?**

Only Division of Mental Health staff, declarants, licensed independent practitioners and mental health screeners certified by the Division are permitted access to the registry. They are required to keep all information provided CONFIDENTIAL.





**Jewish Family Service**  
of MetroWest New Jersey

## **Jewish Family Service of MetroWest Policy on Pets**

**Pets are not allowed at any JFS Location.**

**Service animals specifically trained to aid a  
person with a disability are welcome.**