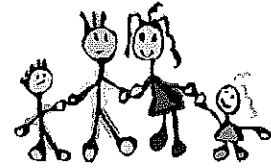


VICTORIA TRANSCULTURAL CLINICAL CENTER  
3541 CHAIN BRIDGE ROAD #204 FAIRFAX, VIRGINIA 22030  
(OFFICE) 703-218-6599 (FAX) 703-218-2012



## YOUR RIGHTS AND HOW TO FILE A COMPLAINT

*Assuring your human rights based on the Human Rights Regulations issued by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Service.*

### IT IS YOUR RIGHT

- To be treated with dignity and respect
- To be well informed about your service plan
- To be participate in the development of your service plan
- To have an authorized representative make decisions for you
- To be accompanied by a trusted person (or people) when participating in services planning, assessment and evaluations
- To make informed decisions about your service plan
- To privacy, safety, and confidentiality
- To be protected from abuse, neglect and exploitation
- To receive services without discrimination as prohibited by law
- To access information in your services records
- To have your complaints resolved
- To ask questions and be told about your rights
- To get help with your rights

Your service provider will review the revise human rights regulations with you. If you would like a complete copy of Virginia's Human Rights, as your services provider we can provide you a copy or you may download a copy from:

<http://www.dmhmrzas.virginia.gov/documents/HumanRights/OHR-ReviseRegulations.pdf>

If you think your rights have been denied or taken away lease contact Victoria Transcultural Clinical Center representative or the States' Human Rights Advocate.

### **Victoria Transcultural Clinical Center Human Rights Representative:**

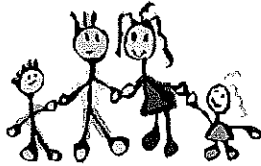
Leticia F. Basauri 703-218-6599

### **Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services Human Rights Advocates:**

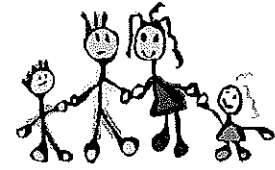
Tim Simmons 703-207-7217  
Kevin Paluszak 877-600-7431 FREE CALL

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date



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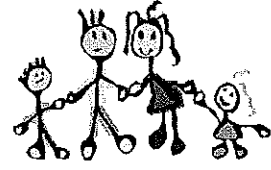
## NOTIFICATION OF CLIENT RIGHTS

As a client of Victoria Transcultural Clinical Center program you are assured of the following rights:

- Impartial access to services regardless of race, religion, sex, ethnicity, handicap, national origin, age, or ability to pay.
- Participation in the development and completion of your treatment plan.
- Written information on program policies and procedures, fee schedules and reimbursement policies, rule of conduct.
- Confidential maintenance of all information regarding you and the services which you receive within the confine of the law.
- The option to inspect, copy or correct the above written information
- The option to consent or withhold consent for:
  - Treatment
  - Release of Information
  - Provision of emergency physical treatment
  - Participation in experimental research
- Compensation for any work performed in accordance with the Fair Labor Standard Act.
- To be treated with dignity and respect at all times
- The human, civil and legal rights accorded to all citizens
- In addition, at no time will rights granted you by the law be restricted without due process.
- Nor will you be denied any rights, privileges or benefits solely as the result of being a recipient of services
- If you need assistance in understanding any of these rights, you are encouraged to seek help from any staff member.
- If you feel that any of these rights are being violated or infringed you are encouraged to bring your concerns to the attention of any staff member with whom you work, the Supervisor or Director of the Program you attend, or any other employee of VTCC. Complaints brought to our attention will be addressed in a timely manner and resolved as quickly as possible. If a complaint is not resolved to your satisfaction, you may make an appeal directly to the Local Human Rights Committee. Full details of the complaint procedures may be obtained from any staff member.
- If you need further assistance, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services provides an advocate for you. This person will assist you in further understanding your rights and, if necessary, make an inquiry as to your concern. You may contact this person at:



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Human Rights Office  
 Department of Mental Health, Mental Retardation and Substance Abuse Services  
 PO Box 1797  
 Richmond, Virginia 22314  
 Tel: (804)786-3988  
 Tel: (703) 323-2098

I have received a copy of this notification of my rights and have been offered assistance in understanding them.

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Name (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness (counselor): \_\_\_\_\_ Date: \_\_\_\_\_