

CLIENT RESPONSIBILITIES

As a Client/Ward of Catholic Charities North Dakota, you are responsible for:

√ Taking an active part in counseling and service by sharing ideas and asking questions. Providing accurate and complete information.

√ Being open to looking at problems in new ways and trying new behaviors.

√ Telling the counselor/worker if you cannot keep an appointment. (If you are paying for services, you may be charged if you do not give us 24 hours advance notice.)

√ Paying any fees that have been agreed upon.

√ Respecting the privacy of other people served by the agency.

√ Following a service plan. You must respect the agency's right to discontinue services if you do not follow the service plan.

√ Catholic Charities North Dakota reserves the right to deny further services if you do not fulfill the above responsibilities or if the service's funding is cut.

Administrative Office

5201 Bishops Boulevard S, Suite B

Fargo, ND 58104-7605

Phone: (701) 235-4457

Fax: (701) 356-7993

Email: fargo@catholiccharitiesnd.org

CatholicCharitiesND.org



MISSION

Guided by our values, Catholic Charities North Dakota serves people in need and advocates for the common good of all.

SERVICE POLICY

Catholic Charities North Dakota affirms that individuals applying for, or receiving services or assistance through programs administered by Catholic Charities, will not be denied service or assistance on the basis of race, gender, handicap, religion, political beliefs, age or heritage unless required by specific program guidelines.

Catholic Charities North Dakota is committed to designing and adapting its programs and services, as appropriate, to accommodate the unique abilities and needs of each person served (ie: visual, auditory, linguistic and motor abilities.)

Service is available from 8:00 a.m.-5:00 p.m. on Mon-Thu and 8:00 a.m.-12:00 p.m. on Fri, and at other times by appointment.

Questions or concerns may be directed to any of these Catholic Charities offices:

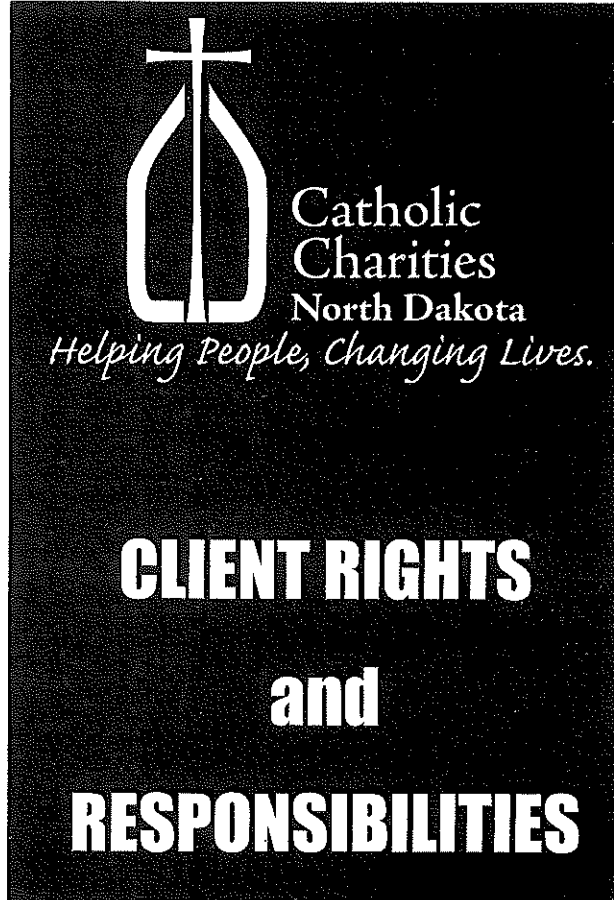
Bismarck--(701) 255-1793

Fargo--(701) 235-4457

Grand Forks--(701) 775-4196

Minot--(701) 852-2854

Catholic Charities North Dakota
is an Equal Opportunity Employer.



Catholic
Charities
North Dakota
Helping People, Changing Lives.

**CLIENT RIGHTS
and
RESPONSIBILITIES**

Atención:

*Si usted no entiende Inglés, por favor
déjenoslo saber, un intérprete será proveído.*

CLIENT RIGHTS

As a Client/Ward of Catholic Charities North Dakota, you have a right to:

- √ Be treated with respect, courtesy and competence.
- √ Receive services that are respectful of, and responsive to, cultural and linguistic differences.
- √ Be informed of the counselor's/worker's assessment of the problem and the ways it can be dealt with.
- √ Share in setting goals and discussing treatment/services and the number of sessions with the counselor/worker.
- √ Be aware that if you disagree with treatment plan, you may ask the program supervisor for assistance.
- √ Expect confidential handling of written service records in accordance with the law and professional standards. These records contain personal and psychological information, case notes, letters, etc.
- √ Receive information about the Agency's fee schedule and financial assistance.
- √ Obtain the name of the worker who is responsible for providing or coordinating your care.
- √ Examine your case files. You may add materials that support or dispute information contained in your files. Client files belong to the agency and may not be removed from the premises.
- √ Know the reasons for transfers, referrals and discontinued sessions.
- √ Know that counselors/workers must report suspected abuse or neglect of minors/vulnerable adults to authorities.
- √ Refuse to be treated by student interns or any non-clinical staff.
- √ Receive translation, interpretive, sign language services or communication technology (i.e., telephone amplification, TTY, etc.) if needed.
- √ Be informed of procedures for filing a complaint if unsatisfied with services received.
- √ Receive assistance so information is provided in a way that meets your communication and/or literacy needs.
- √ To be free from restrictive behavior management interventions that restrict, limit or curtail freedom of movement.
- √ Catholic Charities North Dakota's professional staff are encouraged to conduct or participate in research efforts directed towards improving the services delivered to clients. You have the right to refuse to participate in research. Catholic Charities North Dakota will continue to provide you services whether or not you agree to participate in research.
- √ Fair, equitable and non-discriminatory treatment including the consistent administration of program rules and expectations.

PROCEDURES FOR FILING A COMPLAINT

If you feel you have a problem or complaint, first discuss the issue with your counselor/worker. If this does not resolve the issue you have the right to do either or both of the following:

■ Fill out and mail the form on the reverse side of this brochure. If you need assistance, Catholic Charities North Dakota will help you.

OR

■ Call Catholic Charities North Dakota and let the receptionist know that you have a problem or complaint. You will be connected with one of the staff, who will assist you. The phone number is 1-800-450-4457.

When writing or calling with the complaint, here are some things to include:

- The nature of the complaint or problem;
- Where and when it took place;
- Person with whom you had the problem or complaint;
- All other facts and circumstances surrounding the problem or complaint;
- Your signature and the date at the bottom of the form.

Catholic Charities North Dakota assures that if you file a complaint:

- You will not be intimidated, threatened, coerced or discriminated against because you have made a complaint.
- Catholic Charities North Dakota will investigate any complaint.
- You will be notified of the disposition of the complaint you have filed.
- If you are not satisfied with Catholic Charities North Dakota's internal process, you may file a complaint with the North Dakota Board of Counselor Examiners or the North Dakota Board of Social Work Examiners.

COMPLAINT FORM

In your own words, please describe the complaint or problem.

GO TO REVERSE SIDE

Name (printed)

Signature

Address

Phone

Date

Send the completed form to
Catholic Charities North Dakota
5201 Bishops Boulevard S, Suite B
Fargo, ND 58104-7605

Date received at Catholic Charities _____ Initials of person opening mail _____

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