## **Your Rights**

#### Safety

To be able to access our services and to be treated in safe, clean and secure facilities.

#### Communication

We will provide clear information about services, treatment, care options and costs, and ensure it is understood and agreed to. You may ask questions at any time during your care and treatment.

#### Advocacy

To exclude or include any person in your treatment including a family member, carer or advocate.

#### Compliments, Complaints & Suggestions

To provide feedback to us about your health care, treatment or experience.

You may do this by talking with the staff, or providing your concerns in writing: by email, letter, through our website or on our feedback form.

You may ask for a written response.

You may discuss your concerns with outside advocacy agencies.

## **Connect with us**

For more information call 9575 5333

For deaf, hearing or speech impaired assistance contact us through the National Relay Service:

TTY: 133 677 then ask for 9575 5333.

**Speak and Listen:** 1300 555 727 then ask for 9575 5333.

**Internet Relay:** Connect to the National Relay Service then enter 9575 5333.



For the translating and interpreting service, please call 131 450.

#### Advocacy agencies which may assist you:

Health Complaints Commissioner: 1300 582 113

Child Safety Commissioner: 1300 78 29 78 Aged Care Commissioner: 1800 550 552 Elder Rights Advocacy: 1800 700 600 NDIS Quality & Safeguards Commission: 1800 035 544

# Visit Us

2A Gardeners Rd Bentleigh East Unit 17, 347 Bay Road Cheltenham



#### connecthealth.org.au

# client rights & responsibilities

What to expect from us and what we expect from our clients



### **Your Rights**

#### **Respect & Dignity**

Regardless of circumstance or ability, to be treated with respect, dignity and consideration.

#### Consent / Refusal

To be empowered to exercise choice and control over services, regardless of circumstance or ability, to consent to, or refuse treatment; or withdraw consent to a service at any time.

#### Privacy / Confidentiality

To your personal privacy, and to the secure and confidential storage of your health information.

For your written consent to the exchange of information about you with other agencies.

#### **Health Record**

You may apply to access your health record. Access may be denied in circumstances prohibited by law. Courts can legally subpoena health records.

#### **Care and Treatment**

To have high quality health care with treatment based on your clinical needs.

#### Participation

To be actively involved in decisions and to make choices about your health care.

## Your Responsibilities

#### **Respect & Dignity**

To treat our staff, volunteers and other clients with respect, courtesy, and consideration.

#### Privacy / Confidentiality

To respect the privacy of others.

To keep in confidence any information shared by group members in any of our programs in which you participate.

#### Consent

Your written or verbal consent, which assures us that you understand your care or treatment, is required before treatment can commence.

#### Communication

To provide us with all relevant medical history, medications, family, social supports, other therapies, lifestyle and cultural beliefs.

To actively seek health care information that you require and to bring someone along if needed to assist in understanding your treatment, rights and responsibilities.

#### Safety

To not display physical or verbal abuse toward our staff or other service users.

To ensure your home is safe for our staff, and free from smoke, violence, harassment, weapons and unrestrained pets.

## Your Responsibilities

#### Participation

To take responsibility for your own care to achieve the best outcome.

To clarify anything you do not understand about the advice or treatment provided.

To tell our staff of any changes in your health condition.

To let our staff know if you are being treated elsewhere for the same condition.

#### **Appointments**

To be on time for appointments.

To notify the service as soon as possible if you are unable to attend an appointment.

#### Fees

To pay the fees applicable to your treatment on the day of your appointment.

No client will be denied service as a result of his or her inability to make payment.

## **Charter of Healthcare Rights**

This document is based on the Australian Charter of Human Rights and Responsibilities Act 2006

Visit health.vic.gov.au/patientcharter