



Contra Costa HIV/AIDS and STD Medical Case Management Program

Contra Costa County's HIV/AIDS and STD Program is committed to a partnership with clients and their support network that is mutually beneficial and respectful. As a client of ours, we want you to be aware of your rights and responsibilities. In addition, we want you to understand our program's Code of Conduct and Grievance Procedure.

Case Manager Responsibilities

1. To provide unbiased and equal services without regard to race, ethnicity, national origin, immigration status, religion, sexual orientation, gender, educational background, economic status, marital status, or illness.
2. To provide respectful, professional, confidential, and timely communication and services that are client centered.
3. To offer services and communication in private locations and at convenient times whenever possible.
4. To conduct an intake, gather eligibility related documentation, complete annual assessments, produce referrals, and obtain signatures from clients on all documentation required by those receiving these federally funded services.
5. To provide and explain services, options, and all relevant information that would support the client in making their own decisions.
6. To involve the client in the development of their Care Plan and make any appropriate referrals in a timely manner.
7. To assure continuity of medical services during after-hours and weekends, the HIV/AIDS & STD Program will provide clients with information on their health plan's free 24-hour advice nurse lines whereby a registered nurse answers health related questions and assesses a patient's need for emergency medical care. For non-emergencies, clients can leave a voicemail on our mainline and receive follow-up on the next business day from the Officer of the Day. The Officer of the Day is always a Medical Social Worker.
8. To inform the client of all policies, procedures, rules and regulations.
9. To follow the grievance procedure and the Code of Conduct.

Client Rights

1. To receive unbiased and equal services without regard to race, ethnicity, national origin, religion, sexual orientation, gender, educational background, economic status, marital status, or illness.
2. To receive services that are linguistically appropriate, including having full explanations of all services and options provided clearly in your own language and dialect. Note that the County's language translation services may be used.
3. To receive respectful and professional social services with the option to meet with a staff member with whom you feel comfortable, including the right to request a change in staff if you wish.
4. To meet with a staff member in a private space.
5. To have all communications and records pertaining to your services treated with complete confidentiality according to California Welfare and Institution code Section 5328. No information will be released to an agency or person outside of the Contra Costa Health Services (CCHS) HIV/AIDS and STD Program without your written consent, except in the case of medical emergency or as permitted by law.
6. To participate actively in decisions regarding your services.

If this procedure is not clear, or you have any questions, please call (925) 313-6771.

Client Consent to Participate

1. I have read and understand the rights, responsibilities, code of conduct, and grievance procedure explained in this document.
2. I have been given the opportunity to ask clarifying questions and/or obtain interpreter services in a language and dialytic of which I am most comfortable.
3. I have read and agree to adhere to the Code of Conduct and Grievance Procedure.
4. I am consenting to participate in HIV/AIDS and STD Program services, and I give the Contra Costa County HIV/AIDS and STD Program staff my permission to provide me with services including contact and follow-up.
5. If I requested a copy of this document, one has been provided to me by the Medical Social Worker or Supervisor within the HIV/AIDS and STD Program.

If these 5 statements are true, please print, sign, and date below to begin receiving services from the Contra Costa County HIV/AIDS and STD Program.

Printed Client Name: _____

Client Signature: _____

Date: _____

Printed Case Manager Name: _____

Case Manager Signature: _____

