

COMCARE COMPLAINT AND GRIEVANCE PROCESS

COMCARE of Sedgwick County is a licensed Community Mental Health Center and a Certified Addiction Treatment Program in the State of Kansas.

If you have a complaint or grievance:

Discuss incident with the involved staff member or program.

If this is not possible or you are not comfortable, complete a Consumer Grievance Form and file it with Elizabeth Wilson, Performance Improvement Manager, 271 W Third St. N., 6th Floor, Wichita, KS 67202 or by calling 660-7721.

You can obtain this form from staff and ask for assistance in completing it as necessary. This initiates a formal review and may result in further discussion with Elizabeth or Director of the program involved. A determination will be made within a reasonable timeframe.

If the complaint/ grievance remains unresolved, the issue can elevate as an appeal to the Executive Director Level and a decision made within a reasonable timeframe.

If the complaint/ grievance is still unresolved, the patient or family member can contact local KDADS Quality Improvement staff at 337-7107 (MH) or 337-7043 (SUDS) or an attorney for redress through the judicial process.

For addiction treatment concerns patients can also contact the Kansas Department for Aging & Disability Services, Behavioral Health Services, 503 S. Kansas Ave, Topeka, KS 66603, 785-296-6807.

Medicaid members can also contact their respective Medicaid plan representative:
Healthy Blue 1-833-838-2593, Optum 1-877-542-9238, Sunflower State Plan 1-877-644-4623 or the KanCare Ombudsman at 855-643-8180.

PROGRAMS

ADULT SAME

DAY ASSESSMENT

Walk-Ins Welcome, No Appointment Necessary
Mon - Fri | 8 a.m. to 3:30 p.m.
4035 E. Harry St.

Mental Health:

Tel - 316-660-7540
TTY - 800-766-3777
Fax - 316-660-1897

Addiction:

Tel - 316-660-7550
Fax - 316-383-8241

COMMUNITY CRISIS CENTER 24-HOUR MENTAL HEALTH EMERGENCY / SUICIDE PREVENTION SERVICES - 316-660-7500

635 N. Main
TTY - 800-766-3777
Fax - 316-660-1897

CHILDREN'S SERVICES

Walk-Ins Welcome, No Appointment Necessary
Mon (hospital discharges only); 8-10:30 a.m.
Wed & Fri; 8 a.m. to 2:30 p.m.

350 S. Broadway
Tel - 316-660-9605
Fax - 316-660-9660

COMMUNITY SUPPORT SERVICES

4035 E. Harry St.
Tel - 316-660-7700
Fax - 316-660-7945

HEALTHLINKS

1919 N. Amidon, Suite 130
Tel - 316-660-1028
Fax - 316-660-1015

HOMELESS PROGRAM - CENTER CITY

402 E. 2nd, Suite B
Tel - 316-660-7800
Fax - 316-941-5060

OUTPATIENT AND ADULT MEDICAL SERVICES

1919 N. Amidon, Suite 130
Tel - 316-660-7675
Fax - 316-660-7715

SEDGWICK COUNTY OFFENDER ASSESSMENT PROGRAM

1720 E Morris, Suite 101
Tel - 316-660-1900
Fax - 316-660-1910

ADMINISTRATIVE OFFICE

271 W Third St. N., 6th Floor
Tel - 316-660-7600
Billing - 316-660-7659
Fax - 316-660-7510

MEDICAL RECORDS

271 W Third St. N., 6th Floor
Tel - 316-660-7775
Fax - 316-941-5061

Patient Rights & Responsibilities

We are pleased that you have selected COMCARE of Sedgwick County for your treatment needs.

This brochure contains information on your rights and responsibilities as a patient, and how to file a complaint or grievance.



COMCARE

A Certified Community Behavioral Health Clinic

SEDGWICKCOUNTY.ORG

PATIENT RIGHTS

You have the right to:

- Be treated with dignity and respect
- Receive/be treated in the least restrictive environment consistent with clinical condition and legal status.
- A safe treatment environment that is free of verbal or physical abuse, neglect or exploitation.
- Be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience or retaliation.
- A safe, sanitary and humane environment that provides privacy and promotes dignity.
- Receive treatment free of discrimination based on race, religion, ethnic origin, age, disability, medical condition or ability to pay.
- Privacy, including the right not to be fingerprinted, photographed, or recorded without consent unless such photographing is for identification and administrative purposes or video recordings are used for security purposes.
- To be accompanied by or receive assistance from a family member, designated representative, or other individual in understanding, protecting or exercising your rights unless it interferes with treatment or confidentiality of others.
- Confidentiality in regards to past or current presence in services, records and disclosure/release of protected health information.
- Participation in the development of an individualized treatment plan, including periodic reviews and revisions and receipt of a copy of the plan.
- Be referred to another provider of service or obtain referral to another community provider if COMCARE is unable to provide the service indicated even if the provider is not affiliated with COMCARE when there is arrangement that ensures coordination of services.
- Confidential, uncensored, private communication that includes letters, telephone calls, and personal visits with his/her attorney, physician, clergy, SRS staff, or others unless restriction is clinically indicated and documented in the patient record.
- Refuse treatment unless ordered by the court or necessary to save life or physical health.
- Be informed that there may be consequences for failing to comply with involuntary court ordered treatment.
- An explanation of any potential benefits and known adverse effects or risks of treatment interventions including prescribed medications.
- Receive information related to medical and psychiatric conditions, prescribed medications, whether medication compliance is a condition of treatment and discharge plans for medication.
- Information about alternate treatments or medications that may work for you.
- Receive treatment recommendations and referrals at time of transfer or discharge.
- Be informed of any research or educational activities but not be forced to participate as part of your treatment.
- Consent in writing, refuse or withdraw from any experimental medication, treatment, clinical trial or research project that is or is not professionally recognized without it affecting services available to you.
- Practice individual religious beliefs unless it interferes with treatment or the rights of others.
- Be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice or belief.
- Exercise a verbal or written complaint/grievance.
- Receive a response to a grievance in a timely and impartial manner.
- Be free from retaliation for submitting a grievance.
- See, review and obtain a copy of your clinical record in accordance with COMCARE policy and at your own expense.
- Be informed of fees, charges and refunds at time of admission, before receiving treatment services and when there is a change in status.
- Make healthcare decisions through advanced directives, living will and durable power of attorney.

PATIENT RESPONSIBILITIES

You have a responsibility to:

- Provide information needed for treatment.
- Participate in the development of your treatment plan.
- Let us know of special needs or preferences.
- Keep your appointments and be on time.
Please provide 24 hour notice if you are unable to keep your appointment
- Arrange for care of your children while you are receiving services (children cannot be left unattended in our facilities while you receive services).
- Let us know if you stop taking your medications or have problems with them.
- Respect the confidentiality of others.
- Let us know if your address, name, income or insurance information changes.
- Let us know if you are unhappy with services.
- Let us know if you are not coming back.
- Pay us in a timely manner.
- Treat staff and other patients with respect.
- Maintain a safe environment by not possessing weapons or illegal substances while attending services.
- Not come for services while under the influence of alcohol and/ or other illegal drugs.
- Notify staff if you observe any unsafe situations.
- Provide us with the name of your medical provider and provide us information on any current medication not prescribed by a COMCARE medical provider.
- Sign authorizations to release or obtain information necessary for coordination of care with other community providers.

Affiliate organization: Mental Health Association of South Central Kansas