

### Case Management Rights and Responsibilities

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

To provide effective services and maintain continuity of care, the case manager and customer have specific functions and responsibilities that are maintained throughout the case management process. The following are the rights and responsibilities of the case manager and customer at Heart to Hand:

#### **Case Manager agrees to:**

- Treat customers with dignity and respect.
- Explore and assess the needs of the customer.
- Identify appropriate services to meet the needs of the customer.
- Assess problems, as needed, throughout the case management process.
- Assist customers in establishing goals that will address their needs.
- Provide or link customers to adequate referrals.
- Keep private any personal information shared (confidentiality) unless required for care coordination or by law
- Evaluate and monitor customers' process throughout the case management process.
- Establish collaborative efforts with other agencies to address and meet the needs of the customer, as required.
- Advocate for the customer to ensure adequate service delivery and the administration of benefits.
- Discharge customers from case management services as required and necessary.

#### **Customer agrees to:**

- Treat staff members with dignity and respect (no violence, profanity, or offensive language).
- Work with the case manager to identify specific goals for the case management process.
- Attend all scheduled appointments or;
- Call case manager or appropriate staff when appointments need to be cancelled or rescheduled.
- Report any changes in financial, living, and health insurance status.
- Communicate with case manager immediately about issues and concerns that may be preventing you from getting medical services and/or taking medications.
- Maintain the confidentiality of staff and customers.
- Withdraw from case management services if no longer desired or needed.

I have read the above items. I, \_\_\_\_\_ understand the rights and responsibilities described above and understand that services may be terminated if they are not followed. If case managers and/or staff breach these terms, customers have the right to appeal to the H2H Board of Directors and/or the DC HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).

Signature of Customer: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Rep. Signature (Witnessed & Explained by): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Case Manager: \_\_\_\_\_