

## YOUR RIGHTS

- To be treated with respect and dignity at all times.
- To have the information about the services we provide explained to you in a way you can easily understand, and in a timely manner to support you in your decision making.
- To receive services regardless of your color, race, religious belief, marital status, national origin, sexual orientation, gender identity, gender expression, disability, age, genetic information or veteran status, or any other protected class.
- To have input in, and receive the services and supports that makes sense for you. You have the right to consent to or refuse services or concurrent services, unless you have a guardian.
- To have input in regard to the service team who will be working with you.
- To be free from abuse, neglect, humiliation or any type of exploitation or retaliation.
- To receive a copy of the T.I.P.S. (Thoughts, Improvements, Problems and Solutions) Feedback Form and assistance with filing out that form if you need or want it and to have your suggestions or complaints answered fairly without punishment or retaliation for asking.
- To know the rules, services and supports of Preferred Family Healthcare.
- To have timely access to your records and information about you. The services we provide to you, to be confidential and private. You have the right to authorize who has access to your records.
- To refuse participation in any research, or if involved in research, you have the right to those projects adhering to relevant guidelines and ethics.
- To access or receive a referral to legal counsel or appropriate representation and to self-help or advocacy services.
- To request investigation and resolution if you believe your rights are not being honored.
- The same legal rights and responsibilities as any citizen, unless you have a guardian or rights are legally restricted.
- PFH will not discriminate in the provision of services to an individual due to their inability to pay and will not discriminate in the provision of services to an individual whether payment for those services would be made under Medicare, Medicaid, or CHIP.

## HOW DO YOU ASK FOR CHANGE?

1. Talk to your staff and ask for what you want. You can request assistance from an advocate to help communicate the changes you want.
2. Use the T.I.P.S. (Thoughts, Improvements, Problems and Solutions) Feedback Form to identify the changes you want. Give that form to your service team or enter it directly online at: [members.pfh.org/qm/feedback/form.php](https://members.pfh.org/qm/feedback/form.php). If you need assistance in filling out the form, help will be provided to you.
3. When you ask for a change, your service team will try to find a way to make the changes you want. If this is not possible they will explain why. If you are not satisfied with the answer you receive, you can file an appeal.
4. To appeal your request, please contact the Vice President or Director in your local area.
5. If you feel your rights have been violated and/or want to file a formal complaint, contact:

**Confidential Hotline:**  
1-833-573-2640  
[hotline.ethicspoint.com](https://hotline.ethicspoint.com)



**Email:**  
[corporatecompliance@pfh.org](mailto:corporatecompliance@pfh.org)

**Mail:**  
PFH Corporate Compliance  
1111 S. Glenstone Ave.  
Springfield, MO 65804

