



ESSENTIAL QUALITY CARE

## STATEMENT OF CLIENTS' RIGHTS

As a client of **Essential Quality Care, LLC** you have the following rights:

- The right to be treated with dignity and respect;
- The right to be free from theft, damage, or misuse of one's personal property;
- The right to be given the informed choice and opportunity to select or refuse service and to accept responsibility for the consequences;
- The right to be free from neglect of care, verbal, mental, emotional, physical, and sexual abuse;
- The right to be free from financial exploitation;
- The right to be free from physical and chemical restraints;
- The right to voice grievances or complaints regarding services or any other issue without discrimination or reprisal for exercising such rights;
- The right to be free from discrimination in regard to race, ethnicity, color, national origin, gender identification, sexual orientation, disability or religion.
- The right to participate in planning of the services and care to be furnished, any changes in the services and care, the frequency of visits, and cessation of services;
- The right to have access to his or her client record;
- The right to have client information and records confidentially maintained by the agency;
- The right to be advised in writing, before care is initiated, of the charges for the services to be furnished, and the amount of payment that will be required from the client;
- The right to a written 14-day notice of termination of services by the agency that specifies the reason(s) for the termination with the following exceptions:
  - The right to immediate oral or written notice of termination of services by the agency at the time the agency determines that the safety of its staff or the client cannot be ensured. If oral notice is given, the agency must also subsequently provide the client a written confirmation of the oral notice of termination of services.
  - The right to a written 48-hour notice of termination of services by the agency in the event of non-payment in accordance with the agency's disclosed payment requirements.

### FILING A GRIEVANCE OR COMPLAINT

If you have any concern, grievance or complaint about your care or the services we provide, we encourage you to notify our agency's office right away. The administrator or designee will discuss your complaint, issue or grievance with you and attempt to resolve the matter as quickly as possible.

- If the matter requires further information, the administrator or designee will investigate the complaint further and provide you with a written response indicating what steps were taken to rectify the concern, complaint or issue.
- All complaints are documented along with the resolution of the complaint.

**ESSENTIAL QUALITY CARE. LLC**

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**Essential Quality Care, LLC** will report any allegations of abuse or neglect to the appropriate State Agencies, whether or not our staff or other persons were involved.

If you have a complaint or grievance, please contact our agency's administrator via phone, fax, email, USPS or in-person as follows:

Essential Quality Care, LLC  
7133 N Lombard St, Portland, OR 97203

Telephone: (503) 853 - 8551  
Fax: (503) 575 - 2428  
Email: [admin@eqchomecare.com](mailto:admin@eqchomecare.com)

You also have the right, if you do not feel that our agency has satisfied your grievance or complaint, to contact the State of Oregon, Oregon Health Authority, Health Care Regulation & Quality Improvement, located in Portland, Oregon by calling them, Monday-Friday between the hours of 8 a.m. and 5 p.m. at: 971-673-0540; TTY: 971-673-0372; or faxing them at 971-673-0556.

You may also write to them at:

Oregon Health Authority  
Health Care Regulation and Quality Improvement Program (HCRQI)  
800 NE Oregon Street, Suite 305  
Portland, OR 97232  
Email: [mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us)

**NOTE:** THE OREGON HEALTH AUTHORITY, HEALTH CARE REGULATION AND QUALITY IMPROVEMENT HAS THE AUTHORITY TO EXAMINE CLIENTS' RECORDS AS PART OF THE DIVISION'S REGULATION AND EVALUATION OF THE AGENCY.

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Client's or Client's Representative's Signature

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Date