

## Grievance Procedures

LSSI expects that you, your worker and his/her supervisor will work collaboratively to resolve differences that may arise over the course of your work together. LSSI expects that when differences arise, you will bring them to the attention of your worker and his/her supervisor to be resolved. Likewise, the worker and supervisor are expected to bring problems to your attention for discussion and resolution. Problems not resolved at this level may be brought to the attention of the Program Director at the site where you are receiving services.

If, after following this process, you remain dissatisfied, you may request an administrative review regarding LSSI's services by writing to:

Statewide Director of Adoption Services  
Lutheran Social Services of Illinois  
1001 East Touhy Ave., Suite 187  
Des Plaines, IL 60018

An investigation of any written grievance or complaint is initiated within two business days. All grievances or complaints are documented in writing by LSSI and the outcome of the investigation is reported in writing to the Illinois Department of Children and Family Services within 10 business days of receipt of the grievance or complaint. (Continued on page 6).

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**Grievance Procedures, continued**

All grievances or complaints and the outcome of LSSI's investigation are also reported to the LSSI Board of Directors at the next scheduled meeting.

Any retaliation against someone making a grievance or complaint is prohibited. Please note that you also have the right to appeal to an advocate outside of LSSI.

### Eligibility for Services

Any expectant parent who is interested in considering adoption for his/her child is eligible for services. Services are also provided to any person who is already parenting a child and requests assistance in making a decision as to whether or not to continue to parent that child. Eligibility for services is never determined by the decision to parent or make an adoption plan.

At no time will a person's race, religion, gender or ethnicity render that person ineligible for services.

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Lutheran Social Services of Illinois

Children's Community Services  
Network

### Pregnancy Services

## STAFF/CLIENT INTERACTION, CONFIDENTIALITY, AND GRIEVANCE PROCEDURES

### Lutheran Social Services of Illinois

provides services to persons in need regardless of race, ethnicity, religious beliefs, gender, sexual orientation or handicap.

When you agree to participate in or to receive services, you also agree to the following:

Lutheran Social Services of Illinois  
is an Illinois licensed child welfare agency --  
License #013005.

Revised 4/29/13

## **Scheduled Appointments**

Both you and Lutheran Social Services of Illinois staff agree to exert every effort to keep mutually scheduled appointments. If cancellation becomes necessary, each will notify the other as soon as possible in advance of the scheduled appointment.

## **Confidentiality Rights**

Both the law and written Lutheran Social Services of Illinois policy require that none of your confidences or written records maintained by the Agency be released without your specific written consent (unless otherwise specified by law).

You are entitled to inspect and to obtain a copy of your records in accordance with procedures adopted by the Agency. These procedures will be explained to you by Lutheran Social Services of Illinois staff with whom you are engaged. Copying fees will be charged in accordance with written Agency procedures.

Every effort will be made to maintain your confidences. There are situations, however, where the law requires that Lutheran Social Services of Illinois staff make disclosures of confidential information. Communications and records may be disclosed in accordance with the provisions of the *Child and Family Services Act of 1963* (as amended); the *Alcoholism and Intoxication Treatment Act of 1974* (as amended); the *Abused and Neglected Child Reporting Act of 1975* (as amended); the *Mental Health and Developmental Disabilities Act of 1979* (as amended); the *AIDS Confidentiality Act of 1985* (as amended); the *Protection and Advocacy for Mentally Ill Persons Act of 1986* (as amended); and the *Health Insurance Portability and Accountability Act (HIPAA) of 1996*.

For purposes of case planning and service provision, your confidences and records may be shared with other Lutheran Social Services of Illinois counseling/social work staff or audit/accrediting Agencies. Such a disclosure or sharing is done to better serve your needs and to ensure provision of quality services.

## **Provision of Services**

You and an assigned Lutheran Social Services of Illinois staff member will formulate and agree upon a plan of services to guide the interaction between you and the Agency. You have the right, at any time, to refuse or discontinue receiving services. Additionally, the assigned staff member may decide, for good cause, to terminate the Agency's relationship with you; such termination of services will be communicated to you in writing. In extraordinary circumstances, another staff member may be assigned to work with you upon your request or at the request of your assigned worker. This decision will occur only after discussion between you and the direct supervisor of the assigned worker.

Please note that as a parent working with LSSI, you do not have to sign any document that purports to waive claims against LSSI for intentional or reckless acts or omissions or for gross negligence.

## **Fees**

The services offered to you are free and confidential. You do not have to pay LSSI any fees for the services you receive.

## **Disclosure of Information**



**Lutheran Social Services of Illinois**  
Children's Community Services Network

**ACKNOWLEDGEMENT OF RECEIPT**  
**Pregnancy Services**  
**Client/Staff Interaction, Confidentiality and Grievance Procedures**

I have received a copy of the Lutheran Social Services of Illinois Children's Community Services Pregnancy Services Client/Staff Interaction, Confidentiality and Grievance Procedures. This document was explained to me by an LSSI staff person. By signing below I acknowledge that I understand the information contained in this document regarding scheduled appointments, my confidentiality rights, disclosure of my information, provision of services, fees, eligibility criteria, and grievance procedures. I further understand that I will not be charged any fees by Lutheran Social Services of Illinois for this service.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LSSI Staff Person (please print)

\_\_\_\_\_  
LSSI Staff Person Signature

\_\_\_\_\_  
Date