

STATEMENT OF CLIENT'S RIGHTS AND RESPONSIBILITIES

CLIENT'S RIGHTS

Clients have the right to:

- Be treated with dignity and respect
- Fair treatment; regardless of race, religion, gender, ethnicity, age, disability, or source of payment.
- Have their treatment and other client information kept private. Only where permitted by law, may records be released without client permission.
- Easily access timely care.
- Know about their treatment choices regardless of cost or coverage by client's benefit plan.
- Share in developing their plan of care.
- Information in a language they can understand.
- A clear explanation of their conditions and treatment options.
- Ask their provider about their work history and training.
- Give input on client's rights and responsibilities policy.
- Know about advocacy and community groups and prevention services.
- Freely file a complaint or appeal and to learn how to do so.
- Know of their rights and responsibilities in the treatment process.
- Receive services that will not jeopardize their employment.
- Request certain preferences in a provider.
- Have provider decisions about their care made without regard to financial incentives.

CLIENT RESPONSIBILITIES

Clients have the responsibility to:

- Treat those giving them care with dignity and respect.
- Give provider information needed in order that provider may deliver the best possible care.
- Ask questions about their care in order to help client understand their care.
- Follow the treatment plan which is agreed upon between provider and client.
- Follow the agreed upon medication plan. (as arranged by separate provider)
- Tell the provider and primary care physician about medication changes, including medications given to them by others.
- Keep their appointments. Client is responsible for calling provider as soon as they know they need to cancel visits.
- Let their provider know when the treatment plan is not working for them.
- Let their provider know about problems with paying the fee(s).
- Report abuse and fraud.
- Openly report concerns about the quality of care they receive.

My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information.

Client signature

Date

My signature below shows that I have explained this statement to the client. I have offered the client a copy of this form.

Provider signature

Date