**Patient’s Rights Policy**

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* You have the right to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
* You have the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
* You have the right to be addressed by your proper name, and to be in an environment that maintains dignity and adds to a positive self-image.
* You have the right to participate, in a manner appropriate to your condition, in the development and periodic review of your treatment plan.
* You have the right to communication that you can understand.  Information given will be appropriate to your age, understanding, and language.
* You have the right to have access to your treatment records and the right, with written permission, from your attorney to have access to your records.
* You have the right to refuse medication.
* You have the right to refuse to participate in physically intrusive research.
* You have the right to privacy in our office. Clients should be able to talk to their treatment provider in private and know that the information they supply will not be given out without their permission in writing. Any observers to the treatment will be identified and present only with client’s permission. All records are confidential and protected by federal laws and regulations; they do not protect any information about a crime committed by a client, either at the program or against any person who works for the program. Also, they do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State or Local Authorities (See 42 u.s.c.290dd-3 and 29cee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations).
* You have the right to receive information about medical follow up care that you may need.
* You have the right to voice your concerns about the care you receive. If you have a problem or complaint.

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