

CLIENT RIGHTS AND RESPONSIBILITIES STATEMENT

It is the policy of this agency to provide services to individuals in an effective and efficient manner. Services will be directed toward the individual's health and habilitation and will be provided in the least restrictive setting possible.

An individual receiving services has the following rights:

1. To receive a Notice of Privacy Practices.
2. To not be unlawfully discriminated against in determining eligibility for services.
3. To be treated with consideration and respect for human dignity.
4. To receive quality treatment regardless of race, gender, religion, ethnic background, disability, age or ability to pay.
5. To give informed consent to treatment and be involved in planning your treatment.
6. To receive individualized treatment, be informed about your treatment process, and review your treatment plan.
7. To obtain one free copy of your records upon written request except as limited by law.
8. To refuse treatment to the extent permitted by law and to be informed about the possible consequences of your actions.
9. To be involved in your discharge and aftercare planning.
10. To be provided confidentiality and protection from any unauthorized disclosure regarding your treatment.
11. To examine and receive an explanation of the fees for services.
12. To submit grievances, opinions and recommendations about the program or the services received through the internal grievance procedure of this agency, the Center Ombudsman, if any, or the Cabinet for Health Services Ombudsman.

As an individual receiving services you have the following responsibilities:

1. To arrive on time, attend, and participate in all treatment sessions.
2. To cancel any sessions you are unable to attend.
3. To make up any sessions which you missed.
4. To be alcohol and drug free for all sessions that you attend with the understanding that if you arrive for a session under the influence of alcohol and/or drugs appropriate steps will be taken by the agency staff to ensure your safety and the safety of others.
5. To actively work on your treatment plan goals.
6. To pay for all services with the understanding that if you fail to pay for services received your completed paperwork will not be forwarded to the appropriate agencies and non-payment may result in a report of non-compliance to the court.
7. To protect the confidentiality of all participants in the program.
8. To follow through with all of your treatment recommendations.

Signature of client

Date

Signature of staff