

# A S A P

## Alcohol and Substance Abuse Program at WILSON PLACE

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Please Read and **Initial** Each Line and **Sign/Date** Below

- \_\_\_\_\_ 1. I have received and read the Notice of Client's Rights.
- \_\_\_\_\_ 2. I understand the services that I am going to receive and am hereby giving informed consent to receive these services.
- \_\_\_\_\_ 3. I understand that I have the right to provide input into any treatment or case management plans and be informed of their content.
- \_\_\_\_\_ 4. I understand my rights as a client to receive individualized treatment and services.
- \_\_\_\_\_ 5. I understand that I have the right to file a grievance, recommendation, or opinion with the Cabinet's Ombudsman regarding services that I receive.
- \_\_\_\_\_ 6. I understand my right as a client to be informed and give prior written consent regarding participation in a research study.
- \_\_\_\_\_ 7. I have read and received the Wilson Place Confidentiality form and understand that, as a client, I have the right to confidentiality in regards to my treatment and services.
- \_\_\_\_\_ 8. I have received Notice of Privacy Policies and Notice of Practice Policies from Wilson Place.
- \_\_\_\_\_ 9. I have received a Notice of Fees and the payment required for all services offered through Wilson Place and understand my responsibility in regards to payment of these fees. Further, I understand my right to receive a written statement and/or receipt for each payment.
- \_\_\_\_\_ 10. I have been informed of the client rules and expected conduct of all clients at Wilson Place. I understand that the use of alcohol or other drugs is prohibited while receiving services from Wilson Place and will result in disciplinary action or discharge.
- \_\_\_\_\_ 11. I understand that, as a client at Wilson Place, I have the right to be treated with consideration, respect, and personal dignity.
- \_\_\_\_\_ 12. I understand that, as a client at Wilson Place, I have the right to review my client record and the right to receive 1 free copy of my client record upon request.

**TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND FACTUAL.**

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_