Clients Rights and Responsibilities

Rights

1. You have the right to considerate, respectful care.
2. You have the right to expect that all communication and records pertaining to your care will be treated confidentially and respectfully.
3. You have the right to refuse to participate.
4. You have the right to expect reasonable continuity of care.
5. You have the right to ask for an outside consultation, evaluation and/or treatment. You are liable for the costs incurred by any of the above.
6. You have the right to have questions answered about procedures at any time.
7. You have the right to decide whether to allow a student intern to participate in a session.
8. You have the right to actively participate in your own treatment plan.
9. You have the right to full information about the treatment plan goals, expected benefits, risks and alternatives.
10. You have the right to voice grievances and make recommendations and/or suggestions with regard to your treatment plan.
11. You have the right to refuse or withdraw from treatment.
12. You have the right to non-discriminatory treatment with prejudice to sex, age, race, religion, creed, color, national origin, handicap, ethnicity, marital status or sexual orientation.

Responsibilities

1. You have the responsibility to keep scheduled appointments. If you are unable to do so, you have the responsibility to give 24 hours notice of cancellation.
2. You have the responsibility to treat all staff with consideration, respect and care.
3. The client must present true and accurate information when it is requested.
4. The client agrees to comply with recommendations of the clinical treatment program and to address any concerns regarding services to the Executive Director.
5. The client must avoid actions or threats that endanger the lives, health, or social well-being of FairView employees, providers, or other clients.
6. The client must pay any necessary fees at the time of the appointment.
7. The client may not engage in illegal acts, such as forgoing or falsifying a provider's name on documents requiring a provider's signature.

IN CASE OF AN EMERGENCY, PLEASE DIAL 911 OR REPORT TO THE NEAREST EMERGENCY ROOM.

I have read, understand, and agree to abide by these rights and responsibilities.

Client Name Printed _____

Client Signature **(14 & older)**_____ Date_____

Parental Signature _____ Date _____

Parent Name Printed_____

Copy Given to Client _____ \

jrm8/2011