**Appendix B: Sample Statement of Client’s Rights**

**Client’s Rights**

1. A client is entitled to receive treatment suited to the client’s needs provided in a skillful, safe, and humane manner with respect for the client’s dignity and personal integrity.
2. A client is entitled to be free from abuse, exploitation, neglect, and serious injury.
3. A client is entitled to communication in the client’s preferred language.
4. A client is entitled to privacy during the client’s treatment and care, except in cases of harm to self or others.
5. A client is entitled to obtain complete and current information provided by the client’s treating behavioral health practitioner concerning all of the following:
6. The client’s current condition and diagnosis.
7. The purpose, objectives, risks, side effects, appropriateness, and likely outcome of a recommended course of treatment.
8. Other appropriate and available alternative treatments.
9. A client is entitled to consent to or refuse treatment and withdraw consent after granting it.
10. A client is entitled to choose to participate or not to participate as a research subject or in an examination for which the primary purpose is educational or informational.
11. A client is entitled to an individualized and outcome-oriented written treatment plan, treatment based on the plan, periodic review and reassessment, and appropriate plan revision.
12. A client is entitled to ongoing participation in planning, implementing, and revising the client’s treatment plan to the maximum extent of the client’s abilities.
13. A client is entitled to know the name, position, and credentials of an individual participating in the client’s treatment.
14. A client is entitled to receive treatment in a setting and under conditions that restrict the client’s liberty only to the extent required by the client’s treatment needs, applicable laws, and judicial orders.
15. A client is entitled to be free from restraint.
16. A client is entitled to assert a grievance concerning infringement of any right or present a complaint, petition, or recommendation for a change in program policies without fear of reprisal, restraint, interference, coercion, or discrimination and have the grievance, complaint, petition, or recommendation considered in a fair, timely, and impartial manner.
17. A client is entitled to receive assistance in understanding, exercising, and protecting their rights.
18. A client is entitled to fair treatment, regardless of their race, religion, gender, gender expression, ethnicity, age, disability, or source of payment.
19. A client is entitled to know about their treatment choices, regardless of cost or coverage by their benefit plan.
20. A client is entitled to receive services that will not jeopardize their employment.
21. A client is entitled to list certain preferences for a provider, and these will be honored, if possible.
22. A client is entitled to review their medical record pursuant to HIPAA guidelines.

**Rights of Residential Clients**

1. The rights listed below only apply to residential clients including those in group homes.
2. A client is entitled to appropriate behavioral and physical health examinations and evaluations.
3. A client is entitled to communicate freely and privately.
4. A client is entitled to retain reasonable personal belongings.
5. A client is entitled to manage the client’s personal financial affairs.
6. A client is entitled to participate in available educational activities, vocational rehabilitation, community care, or other activities appropriate to the client’s capabilities and consistent with the client’s treatment plan.
7. A client is entitled to communicate with the client’s spiritual advisor and counsel at reasonable times.
8. A client is entitled to continue practicing the client’s religion.
9. If eligible, a client is entitled to vote in elections.

**Statement of Client’s Responsibilities**

**Clients have the responsibility to:**

1. treat those providing them care with dignity and respect;
2. share openly with providers, so providers can deliver the best possible care;
3. ask questions about their care, to make sure they understand and are involved in their care;
4. notify their provider when changes are needed to their plan of care. The plan of care is to be agreed upon by the client and the provider;
5. follow an agreed-upon medication plan;
6. tell their provider and primary care physician about medication changes, including medications given to the client by other prescribers;
7. refrain from actions that may harm the lives or well-being of others;
8. keep appointments (clients should call their providers with a minimum of 24-hours’ notice of a cancellation of a visit);
9. pay their co-pay fees and to inform the provider of any changes in their insurance or required co-pay;
10. provide payment for services, should their insurance decline payment for any reason; and,
11. identify other options that will meet their needs when the client chooses not to participate in a program or service offered.

My signature below shows I have been informed of my rights/responsibilities and understand them.

Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_