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SUMMARY OF CLIENT RIGHTS

Client Bill of Rights:

- The right to be informed of the Client Bill of Rights. 51.61 (1) (a)
- The right to petition the court for review of your commitment order. 51.61 (1) (d)
- The right to the least restrictive treatment conditions necessary. 51.61 (1) (e)
- The right to receive prompt and adequate treatment. 51.61 (1) (f)
- The right to be free from unnecessary or excessive medications at any time. 51.61 (1) (h)
- The right to not be subjected to experimental research without your informed written consent. 51.61 (1) (j)
- The right to not be subjected to psychosurgery or other drastic treatment procedures without your informed written consent. 51.61 (1) (k)
- The right to confidentiality of all treatment records, to review and copy certain records, and to challenge the accuracy, completeness, timeliness or relevance of information in your records in accordance with the provisions of section 51.30 51.61 (1) (n)
- The right to notice of privacy practices and the use/disclosure for your private health information in accordance with the Health Insurance Portability and Accountability Act (HIPPA) PL 104-191
- The right to a humane psychological and physical environment.
- The right to be fully informed of her/his treatment and to participate in the planning of treatment.
- The right to file a grievance according to procedure without the fear of reprisal. 51.61 (5) (a)
- The right to petition a court according to law if you believe your rights were violated. 51.61 (7) (a)

Confidentiality of Patient Records:

Information can not be released outside the agency that a person is a client of unless:

- The client consents in writing; or
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; or
- The client commits or threatens to commit a crime whether at the agency or against any person who works for the program; or
- In cases of suspected child abuse; or
- In case of suicidal threats or gesture: or
- Financial records may be used for collection purposes in the event of non-payment or past due accounts.

Informed Agreement for Therapy Services:

I have been provided a printed copy and/or verbal explanation of:

- Benefits of the proposed treatment and services;
- The way the treatment is to be administered and the services to be provided;
- The expected treatment side effects or risks of side effects which are a reasonable possibility, including side effects or risks of side effects from medications;
- Alternative treatment modes and services;
- Probable consequences of not receiving proper treatment and services;
- The time period for which the Informed Consent is effective shall be no longer than fifteen (15) months from the time the consent is given;
- The right to withdraw the Informed Consent at any time in writing.

Over

By signing this form, I hereby acknowledge that I have received a copy of the Client's Rights Information at CAPD/BPC/HT, Notice of Privacy Practices (PL 104-191), and have access to a copy of the Grievance procedure. I understand the services to be provided to me and the cost of such services. I consent to the treatment offered.

I understand the possible alternatives to treatment.

I have read and understand my rights and laws of confidentiality and understand that any concerns should first be brought up with my therapist/counselor.

I understand that I am making an informed decision to enter into a therapeutic relationship with my counselor/therapist and the staff at CAPC/BPC/HT.

I agree and consent to participate in counseling/therapy, so as to benefit fully from these services.

Therefore: I do hereby voluntarily agree to enter counseling/therapy services at CAPC/BPC/HT for care or treatment. I understand that I may revoke this agreement at any time and that this agreement shall be valid for one (1) year from the date entered below.

Important-PLEASE NOTE: In case of emergency, you may call our listed phone number any time day or night, and our answering service will help you reach your therapist or obtain other assistance.

_____ _____

Client Signature Date

_____ _____

Staff Signature Date

_____ _____

Parent or Guardian Signature Date