

Recovery & Prevention Resources

Statement of Client Rights

1. You have the right to treatment which is skillfully, safely and humanely administered with full consideration and respect for your personal dignity, autonomy, and privacy.
2. You have the right to receive services in the least restrictive feasible environment.
3. You have the right to be informed of your own condition, diagnosis, treatment and prognosis by the staff of Recovery & Prevention Resources; and to obtain the name and specialty of the staff member primarily responsible for your care. This information will be provided in terms and language you can understand.
4. You have the right to be informed of services available through Recovery & Prevention Resources; including recommended, proposed or current services, treatments or therapies and alternatives.
5. You have the right to give consent for or to refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal.
6. You have the right to a current, written, individualized treatment plan that addresses your needs and circumstances, and that specifies the delivery of appropriate and adequate services.
7. You have the right to active and informed participation in the development, review, revisions and update of your individualized treatment plan and to receive a copy of your individualized treatment plan.
8. You have the right to freedom from unnecessary or excessive medication.
9. You have the right to freedom from unnecessary physical restraint or seclusion, and to be informed of any unusual or hazardous treatment procedures. You also have the right to refuse any unusual or hazardous treatment procedures.
10. You have the right to participate in any appropriate service available through Recovery & Prevention Resources, regardless of refusal of one or more other services, treatments or therapies or regardless of relapse from previous treatment, unless there is a valid and specific necessity which precludes or requires your participation in other services.
11. You have the right to be advised of and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies or photographs.
12. You have the right to consult with an independent treatment specialist or legal counsel at your own expense.
13. You have the right to a maximum amount of privacy consistent with the effective delivery of clinical services. This includes, but is not restricted to, the right to confidentiality of communications and personal identifying information within the limitation and requirements for disclosure of client information under state and federal laws and regulations. Additional information about the confidentiality of client identifying information will be provided to you as a separate part of this orientation process.

14. You have the right to access information in your client records in accordance with the operating procedures of Recovery & Prevention Resources.
15. You have the right to be informed of the reason(s) for discontinuation or denial of services. Included in this prerogative is the right to be informed of the reason(s) for terminating your participation in a program, should such termination occur, and to be involved in planning for the consequences of such events.
16. You have the right to treatment; and the right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, creed, gender, national origin, sexual orientation, veteran status, financial condition, handicap or disability, HIV infection—whether asymptomatic or symptomatic, AIDS-related complex or AIDS.
17. You have a right to know the cost of services provided by Recovery & Prevention Resources.
18. You have the right to be informed of all client rights promptly at the time of admission and to exercise your rights without reprisal in any form.
19. Recovery & Prevention Resources provides qualified interpreters to persons with limited abilities to speak and communicate in English. We also provide sign language interpreters and other auxiliary aids to sensory impaired persons. Such assistance will be provided to you at no additional cost, so you receive an equal opportunity to benefit from our services. Clients requiring this assistance should make certain a member of our staff is notified. Additional information about this process will be provided to you as a separate part of this orientation.
20. You have the right to obtain information about any relationship between Recovery & Prevention Resources and other health care or related institutions when such relationships would involve your care.
21. You have the right to file a grievance if you believe any of the above rights have been violated, and to receive oral and written instructions explaining the procedure for filing a grievance. Upon expressing your desire to file a grievance, you are entitled to a conference with a Client Rights Representative, who will explain the Grievance Procedure. In such instances, additional information will also be provided to you in writing at that time.

My signature below indicates that I have read and understand this Statement of Client Rights and that a copy of this form has been provided to me.

Client Signature _____ **Date** _____

Witness _____ **Date** _____