

# BEHAVIORAL HEALTH CLIENTS RIGHTS AND RESPONSIBILITIES STATEMENT

## Statement of Clients Rights

### Clients have the right to:

- > Be treated with dignity and respect.
- > Have a right to privacy.
- > Fair treatment, regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- > Have their treatment and other member information kept private. Only where permitted by law, may records be released without member permission.
- > Easily access timely care.
- > Have a right to be free from abuse, financial or other exploitation, retaliation, humiliation and neglect.
- > Know about their treatment choices. This is regardless of cost or coverage by the member's benefit plan.
- > Share in developing their plan of care.
- > Information in a language they can understand.
- > A clear explanation of their condition and treatment options.
- > Information about CCCCF, its practitioners, services and role in the treatment process.
- > Information about clinical guidelines used in providing and managing their care.
- > Ask their provider about their work history and training.
- > Give input on the Clients Rights and Responsibilities policy.
- > Know about advocacy and community groups and prevention services.
- > Freely file a complaint or appeal and to learn how to do so.
- > Have their care coordinated with another provider if requested.
- > Referrals to legal entities for appropriate representation.
- > Know of their rights and responsibilities in the treatment process.
- > Receive services that will not jeopardize their employment.

- > Access to information pertinent to the client in a timely manner to facilitate their decision making.
- > Request certain preferences in a provider.
- > Have provider decisions about their care made without regard to financial incentives.

## Statement of Clients Responsibilities

### Clients have the responsibility to:

- > Treat those giving them care with dignity and respect.
- > Give providers information they need. This is so providers can deliver the best possible care.
- > Ask questions about their care. This is to help them understand their care.
- > Follow the treatment plan. The plan of care is to be agreed upon by the client and provider.
- > Follow the agreed upon medication plan.
- > Tell their provider and primary care physician about medication changes, including medications given to them by others.
- > Keep their appointments. Clients should call their provider(s) as soon they know they need to cancel visits.
- > Let their provider know when the treatment plan isn't working for them.
- > Let their provider know about problems with paying fees.
- > Report abuse and fraud.
- > Openly report concerns about the quality of care they receive.

*My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information.*

Client/Or Client Representative Signature

Date

*The signature below shows that I have explained this statement to the patient. I have offered the client a copy of this form.*

Provider Signature

Date