



Compassion Behavioral Health Services Clients Rights and Responsibilities

Client Rights

AS A CLIENT YOU HAVE A RIGHT:

1. To obtain access to services within the resources of the agency to provide them, or assistance in obtaining such services from other resources, regardless of race, religion, gender, age, sexual orientation, ethnic background, disability, or ability to pay.
2. To have access to quality treatment provided with dignity and respect by competent staff
3. To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected
4. To confidential provision of treatment, in accord with legal guidelines, agency policies and the ethical principles of professional mental health disciplines
5. To receive services in a clean and safe environment
6. To know the name(s) and qualifications of all the treatment providers involved in your care
7. To information concerning your diagnosis
8. To the opportunity to participate in the creation of your treatment plan and to have your family or significant other participate in your treatment, and to be involved in decisions about your care, treatment or service
9. To expect that, to a reasonable extent, the organization will accommodate a request for transfer from one clinician to another.
10. To refuse care, treatment or services according to law and regulation
11. To information about any adverse outcome of your care
12. To an itemized statement upon request if you are a paying client
13. To an explanation of charges and fees for services
14. To receive a copy of HIPAA Privacy Practices

Client Responsibilities

IT IS YOUR RESPONSIBILITY:

1. To keep appointments as scheduled. If an appointment cannot be kept due to emergency circumstances, to give 24 hour notice of cancellation
2. To provide accurate and complete information about present complaints, current medications, past illnesses, and hospitalizations
3. To report anything you believe may be a risk to your care, and to report any unexpected changes in your condition
4. To follow the treatment plan developed for you
5. To accept responsibility for the outcome of your care if you do not follow the treatment plan
6. To provide financial information and arrange for payment of service according to ability to pay
7. To promptly meet any financial obligation agreed to with the organization
8. To show respect and concern for other clients and to respect their privacy
9. To show respect for the staff and for the property of the organization
10. To follow the organization's rules and regulations
11. To ask questions anytime you do not understand anything regarding services

I/we hereby certify that i/we have read this information and understand it.

X _____
Signature of patient (ages 16 years or older)

Date:

X _____
Signature of legal representative for patient under 16

Date: