

**CLIENT’S LEGAL AND HUMAN RIGHTS**

**1. YOU HAVE THE RIGHT** to be treated with dignity and respect; as an individual whose personal needs, feelings, preferences and requirements; regardless of race, creed, color, religion, gender, national origin, age, or disability.\_\_\_

Initial

**2. YOU HAVE THE RIGHT** to privacy in your treatment, in your care, and in the fulfillment of your personal needs. \_\_\_

Initial

**3. YOU HAVE THE RIGHT** to be fully informed of all services available to you in the **Reach Beyond Alcohol and Drug Treatment Program** and of any changes in services. \_\_\_

Initial

**4. YOU HAVE THE RIGHT** to be fully informed of your rights as a client and of all the rules and regulations governing your conduct as a client of the **Reach Beyond Alcohol and Drug Treatment Program.** \_\_\_

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**5. YOU HAVE THE RIGHT** to know about your physical condition unless your physician, for medical reasons, chooses not to inform you, and so indicates in your medical records.\_\_\_

Initial

**6. YOU HAVE THE RIGHT** to participate in the development of your individualized treatment plan based on an assessment of your current needs**.** \_\_\_

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**7. YOU HAVE THE RIGHT** to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.\_\_\_

Initial

**8. YOU HAVE THE RIGHT** to refuse treatment to the extent permitted by law and to be informed of the consequences of this right.\_\_\_

Initial

**9. YOU HAVE THE RIGHT** to voice opinions, recommendations and grievances in relation to policies and services offered by **Reach Beyond Alcohol and Drug Treatment Program**, without fear of restraint, interference, coercion, discrimination, or reprisal.\_\_\_

Initial

**10. YOU HAVE THE RIGHT** to be free from physical, chemical and mental abuse. \_\_\_

Initial

**11. YOU HAVE THE RIGHT** the confidential treatment of your personal and medical records. Information from these sources will not be released without your prior written consent, or as required by law, or under third party payment contracts.\_\_\_

Initial

**12. YOU HAVE THE RIGHT** to refuse to perform any service for **Reach Beyond Alcohol and Drug Treatment Program** or for other client’s, unless they are part of your therapeutic plan of treatment which you have approved. \_\_\_

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**13. YOU HAVE THE RIGHT** to be informed in advance of any visitors to therapeutic activities and the right to privacy if you wish that visitors are not at therapeutic activities.\_\_\_

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**14. YOU HAVE THE RIGHT** to request the opinion of a consultant at **YOUR** expense or to request an in-house review of the individual treatment plan, as provided in specific procedures of **Reach Beyond Alcohol and Drug Treatment Program**. \_\_\_

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**15. YOU HAVE THE RIGHT** to humane services, regardless of the source of financial support. \_\_\_

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**16. YOU HAVE THE RIGHT** to receive services within the least restrictive environment possible. \_\_\_

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Client’s Signature Date

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Parent/Guardian’s Signature Date

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Reach Beyond Staff (Witness) Signature Date