

CLIENT RIGHTS AND CONSENT to TREATMENT

1. The rights to view my client file and a copy of it s contents for a reasonable fee.
1. The right to not be discriminated against based on race, religion, gender, disability, national a ncestry, sexual orientation, economic condition, marital status, physical or mental impairment, veteran status, age or political affiliations.
1. The right to be afforded confidentiality in accordance with CFR 42, Part II, Sections 2.1 thru 2.67-1.
1. The right to be free to attend religious services or activities of my choice and to have visits from a spiritual.
1. The right to be provided dignity in my relations with staff and agency representatives, and the right to an environment free of intellectual, emotional and physical abuse.
1. The right to healthy, comfortable and safe accommodations, including furnishing and equipment that meet my needs.
1. The right to be informed of the provisions under the law regarding complaints or grievances including but not limited to the name, address and phone number of the licensing and certifying agency.
1. The right to be informed that if I leave personal property behind , the property will only be stored for 30 days before being discarded and that the program is not responsible for any damage, theft or loss of or to that property.
1. The right to be informed of the agencies grievance procedure.

The client understanding their rights and the rules of the program give their consent to receive treatment from West Slope Recovery, Inc.

.

_____/____/____

CLIENT SIGNATURE DATE

_____/____/____

STAFF SIGNATURE DATE

Copy of Client rights and Consent to treatment are given to client at time of intake as a part of the client Buddy Pack.

CLIENT LOG # _____