

CLIENT'S RIGHTS

As a participant in this program you are entitled to the following rights. These rights will be explained to you and your family member, and will be reviewed with you every year. A copy of these rights will be given to you for future reference. Should you ever have any questions concerning these rights, please speak with the Center's Social Worker.

As a participant, you have the right to:

1. Be informed of your rights, and receive an explanation, in terms that you can understand, and obtain a copy of your rights.
2. Be informed of services available in the Center, be informed of the names and professional status of the individuals providing and/or responsible for your care, and of fees and related charges, including the payment fee, deposit, and refund policy of the Center and any changes for services not covered by sources of third party-payment or not covered by the Center's basic rate.
3. Be assured of care in accordance with your plan of care, be informed of your plan of care, unless medically contraindicated as documented by your physician in the medical record, be informed of the risks associated with the use of any drugs/or procedures, and have the opportunity to participate in the planning of your care, to refuse medication and treatment, to refuse to participate in experimental research, to be assessed and monitored, and have your pain managed.
4. Be informed of the alternatives for care and treatment.
5. Be transferred or discharged only for medical reasons or for your welfare or that of other clients, upon written order of your physician, as documented in the medical record, except in an emergency situation, in which case the administrator shall notify your physician and your family immediately and document the reason for the transfer in the medical record. If a transfer or discharge on a non-emergency basis is requested by the Center, including transfer or discharge for nonpayment for services (except as prohibited by sources of third-party payment), you and your family shall be given at least 30 days advance written notice of such transfer or discharge;
6. Have access to and/or may obtain a copy of your medical record;
7. Be free from mental and physical abuse, free from exploitation, and free from the use of chemical and physical restraints. Drugs and other medications shall not be used for punishment or for the convenience of Center personnel;
8. Be assured confidential treatment of your records and disclosures, and shall have the opportunity to approve or refuse their release to any individual, except in the case of a transfer to another health care facility or as required by law or third-party payment contract;
9. Be treated with courtesy, consideration, respect, and recognition of your dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy and confidentiality concerning your treatment and disclosures. Privacy of your body shall be maintained during toileting, bathing, and other activities of personal hygiene;

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10. Not to be required to perform work for the Center unless the work is part of your plan of care and is performed voluntarily by you. Such work shall be in accordance with local, state and federal laws and rules;
11. Associate and communicate privately with persons of your choice and may join with other clients or individuals within or outside the Center to work for improvements in client care;
12. Be allowed to conduct private telephone conversations;
13. Be assured of civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices , or any attendance at religious services, shall be imposed upon you;
14. Not be the object of discrimination with respect to participation in recreational activities, meals, or other social functions because of age, race, religion, sex, nationality or ability to pay. Your participation may not be restricted or prohibited, unless you consent and the restriction or prohibition is documented by your physician in your medical record.
15. Not be deprived of any constitutional , civil, and /or legal rights solely because of your admission to the Center, and
16. Be encouraged and assisted to exercise rights as a client and as a citizen, may voice grievances on your behalf or others, and have the right to recommend changes in policies and services to the Center's personnel and /or to outside representatives of your choice, free from restraint, interference, coercion, discrimination, or reprisal.

I have been informed of my rights, and I have received an explanation of my rights in terms that I understand. I also acknowledge that I have received a copy of my rights.

Client's Signature

Date

Client's Name

Responsible Party's Signature

Date

Center's Representative

Date