

ACUTE CARE SERVICES & COMMUNITY SUPPORT SERVICES
CLIENT RESPONSIBILITIES

As a client of East Bay Center, I have the following responsibilities:

1. To properly coordinate care, I agree to inform the Center of any other psychological, medical, or social services I am receiving by signing a Release of Confidential Information form. I agree to provide information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to my behavioral and physical health.
2. To inform the Center immediately of changes in my address, phone number, employment status, or medical insurance coverage.
3. I understand if I have a legal guardian or if the client is a minor and has a legal guardian, the legal guardian must sign the necessary paperwork prior to the appointment or the intake cannot take place. The legal guardian must also attend the intake, and complete and sign any follow-up paperwork. If I am, or the minor client, is seen by a psychiatrist, the legal guardian must give verbal and/or written consent for medication and medication changes.
4. To ask questions when I do not understand my care, treatment, and service or what I am expected to do.
5. To participate actively in my mutually planned treatment. To express concerns about my ability to follow the proposed care plan or course of care, treatment and services. The organization makes every effort to adapt the plan to the specific needs and limitations of the clients.
6. When such changes to the care, treatment, and service plan are not recommended, clients and their families are informed of the consequences of the care, treatment, and service alternatives and not following the proposed course.
7. To keep all my scheduled appointments, If I cannot, I will call at least 24-hours in advance to cancel and reschedule the appointment.
Acute Care Services ONLY: I understand if two consecutive absences or a pattern of absences or late cancellations (not canceling within 24 hours of the scheduled appointment) occur, this may result in suspension of all but emergency care. There may be restrictions on my reapplication for service.
8. I understand that medications are often prescribed to last only until my next appointment with the doctor or clinical nurse specialist, and that frequent cancelled/failed appointments by me may result in delays in getting medication refills.
9. To attend all sessions free of the influence of alcohol or illicit drugs. If I am deemed to be under the influence, the session will be ended and rescheduled. If I have driven a car to my appointment, I will be asked to surrender the car keys and make alternate transportation arrangements. The Center reserves the right to contact the authorities if needed.
10. To treat Center staff, the organization and other clients respectfully and to honor the privacy, property and confidentiality of staff, the organization and all clients at all times.
11. To promptly meet any financial obligations agreed to with the Center, and to pay any co-pay, deductible, or self-pay fee at the time of service. I understand that failure to comply with the Center's payment policy may result in suspension of all but emergency care.

I am aware of and understand my responsibilities. I have received a copy of these responsibilities.

Client's Name: _____ please print	Date of Birth: _____	MRN _____
Client's Signature: _____	Date: _____	
Parent/Legal Guardian's Signature: _____	Relationship _____	Date: _____
Witness Signature: _____	Date: _____	