



STATEMENT OF CLIENT RIGHTS

1. You have the right to receive a clinical screening upon requesting services.
2. You have the right to be treated with dignity and respect, and to treatment and services that are considerate and respectful of your cultural, psychosocial, spiritual, and personal values and beliefs.
3. You have the right to receive services without discrimination, restraint, interference, or recrimination on the basis of race, religion, national origin, gender, sexual orientation, ethnicity, age, disability, or source of financial support.
4. You have the right to be informed of your rights and to receive services in a language and manner that you understand.
5. You have the right to be informed of what to expect during the treatment process, to be present and actively participate in ongoing reviews and mutually agreed upon adjustments of your individualized treatment plan that promotes recovery, and the right to choose people to assist in developing and monitoring your plan. You have a right to receive a copy of your treatment plan and may request a review at any time during treatment.
6. You have the right to object to any changes in the treatment, services or staff responsible for your care, and the right to a clear, written explanation if such objection cannot be accommodated.
7. You have the right to be informed of the cost of services. Upon request, information regarding charges billed to and paid by an insurance company on your behalf will be provided.
8. You have the right to receive a copy of the Client Rights, Responsibilities & Concerns brochure, which includes information on the Center's Client Concern Problem Resolution Procedure.
9. You have the right to be informed about, and to participate in, decisions regarding your individualized treatment and services prompting recovery and to receive, at least, the following information to facilitate informed decision-making: current diagnoses; proposed interventions, treatment services, and medications; potential benefits, risks, and side effects, potential risks if treatment or medication is not provided or is refused by you; limitations on confidentiality; ongoing progress/status regarding treatment goals and objectives; significant alternative medications, treatments, services or interventions, when appropriate; the rights to the extent permitted by law, to refuse interventions, treatment, services, or medications; and projected discharge date and plan.
10. You have the right to request a second opinion regarding your treatment. This can be provided through East Bay Center, or by an independent consultant, at your own expense.
11. You have the right to be treated by competent, qualified, experienced clinical staff and to be furnished with their professional qualifications as well as their supervisors, upon your request. You also have the right to be given reasonable notice of and the reasons for, any proposed change in the staff responsible for your treatment.
12. You have the right to refuse to participate in any research project.
13. You have the right to request and/or be referred to an alternate treatment setting, if the Center is unable to provide appropriate treatment.
14. Before being asked to leave a program or service for not fulfilling your responsibilities, you shall receive the following: assistance in resolving issues or accessing alternative services, written notification of the pending discharge, and your rights to appeal.
15. You have the right to privacy, security and confidentiality of information about you that identifies you or could be used to identify you, sometimes called PHI (Protected Health Information). You also have the right to know that staff members may discuss your case for the purpose of diagnosis, referral and treatment, and when mandated or allowed by federal and state law. State and federal laws limit the way East Bay Center may use PHI and provide you with additional rights such as to access and amend your PHI and to place restrictions on its use and disclosure. These limitations and rights are described in East Bay Center's Notice of Privacy Practices and you have a right to a copy of that Notice.
16. You have the right to provide or refuse to provide authorization, for the release of confidential information to family members and/or others, or for such individuals to participate in your treatment.
17. You have the right to request and/or be referred to another provider, staff member or service for treatment purposes. If the request is denied, you shall receive a written explanation.
18. You have the right to file a complaint about services, staff or the operation of East Bay Center. If you are unable to resolve problems with your clinician, you can file a complaint form with a supervisor or the Center Human Rights Officer without fear of repercussions or reprisals.
19. You have the right to review your medical record with a clinician, upon your written request.
20. You have the right to be given information regarding your pertinent legal rights relative to the Representative Payee process, when applicable.
21. You have the right to be represented by an attorney or advocate of your choice.



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- 22. You have the right to be protected from mental, physical, verbal, and sexual abuse, neglect, mistreatment, coercion, financial exploitation, and any other human rights violation.
- 23. You have the right to provide input into policies and services through satisfaction surveys, to assistance with coordination of mental health, medical, and community services as stated in your individual treatment plan that are not directly provided by EBC and to exercise your citizenship privileges.
- 24. You have the right to be present and participate in planning aftercare activities and referrals to other services you may need.
- 25. In coordination and in addition to the above rights, all residential clients shall have the rights afforded to them by law.

I have been informed of my rights as a client. I have the right to be informed whenever EBC makes a change in the client rights statement and upon verbal or written request. In addition, the nature and purpose of my treatment, risks, benefits and alternatives have been explained to me. I have received a copy of these rights, a copy of the Notice of Privacy Practices, and a copy of the "Client Rights, Responsibilities and Concerns" brochure. I hereby give permission to East Bay Center to provide diagnostic and psychiatric and/or substance abuse treatment services for me/my child.

Client's name: (please print) _____ **Date** _____

Client's signature: _____

Parent/Legal Guardian Signature: _____ **Date** _____

Relationship: _____

Witness: _____ **Date** _____