**NFS- Client Rites**

1. You have the right to be treated with courtesy, respect, and dignity.

2. You have the right to be free of abuse and financial or other exploitation, humiliation, retaliation, and neglect.

3. You have the right to have all reasonable requests responded to promptly and adequately within the capacity of the facility.

4. You have the right to quality care.

5. You have the right to receive care without regard to race, sex, religious affiliation, ethnicity, or sexual orientation in a place free of architectural barriers if you have a limiting physical condition.

6. You may request at any time the name of the person who is responsible for the program that is providing you services and how she/he may be contacted.

7. You have the right to ask and know about the qualifications of the people who are helping you and the qualifications of those responsible for your care which includes the refusal and expression of choice of the composition of service delivery team.

8. You have the right to privacy during treatment.

9. You have the right to confidentiality of all records and communication to the full extent provided by the law. Requests for information, other than those make by persons authorized under the law, will not be granted without prior, written consent. Exceptions to confidentiality include:

- With your written consent

- To protect the safety of yourself and others,

- Incidents of abuse of children, elderly persons, and handicapped persons.

- To provide access to accreditation bodies, state funding agencies, and third-party payers.

10. You have the right to participate fully in the development of the treatment plan and to refuse treatment at any time.

11. You have the right to examine your clinical record in the presence of agency staff, to receive a copy of it, subject to the cost of reproduction, and to add additional information to the record. To initiate this procedure, you should make a written request to the Clinical Director of the program.

12. You have the right to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological, or other medical care and attention.

13. You have the right to be informed prior to any observation, taping or participation in research and may refuse to be observed or taped, or to participate in research or to receive treatment from students or other agency staff without jeopardizing access to other desire services.

14. You have the right, upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution insofar as said relationship relates to the care and treatment.

15. You have the right to withdraw your child from treatment at any time. If you wish to be referred to another agency or practitioner, every effort will be mad to refer you to the most appropriate resource.

16. You have the right to, upon written request, to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for care of the patient or resident and to have a copy of said itemized bill or statement sent to the attending physician of the patient or resident.

17. You have the right to file a grievance, if dissatisfied with services received and to have the agency’s grievance process explained. You may file a complaint by requesting a meeting with the staff whose action/decision is the source of the complaint and his/her supervisor. At this meeting, staff will work with you to resolve the problem. The supervisor will also give you a copy of the agency’s grievance procedure.

I have read the Statement of Client Rights and understand their content. If I have further questions, I understand that I may ask the Clinical or Executive Director.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Client’s Name Date