Patient Bill of Rights

Move Toward Change LLC

PATIENT BILL OF RIGHTS

1. You have the right to impartial access to treatment regardless of race, religion, sex, age, ethnicity, or handicap.

2. You have the right to considerate and respectful treatment and recognition of your personal dignity.

3. You have the right to a written statement of your rights.

4. You have the right to be informed of your rights in the language you understand.

5. You have the right to adequate and humane services regardless of financial support.

6. You have the right to services provided in the least restrictive environment possible.

7. You have the right to participate in treatment decisions.

8. You have the right to obtain information about treatment recommendations and alternatives.

9. You have the right to obtain information about your condition and prognosis from your clinician.

10. You have the right to be told about any medication you are given.

11. You have the right to an adequate number of qualified, professional clinicians to actively supervise and implement services with patients under 12 years of age and their parents or guardians.

12. You have the right to a periodic review of your treatment plan.

13. You have the right to be involved in planning termination of treatment.

14. You may terminate services at any time unless legally prohibited from doing so.

15. You have the right to be informed of alternatives available when you leave treatment, and you will be given specific follow-up recommendations outlined.

16. You have the right to report any incidents of abuse or neglect, whether you are a victim or an observer.

17. You have the right to expect that all communications and records pertaining to your treatment will be treated as confidential, except as otherwise required by law, such as the risk of harm to self or others and any type of abuse reported.

18. You have the right to be told of any experimental treatment approach recommended for you, and you must give your written consent before any such approach can be used.

19. Patients, significant others, and staff have the right to have ethical issues that arise in treatment considered.

20. You, your family, or legal guardians have the right to present complaints concerning the quality of care received.

21. You and your family/significant others have the right to request a review of the practices and procedures for ensuring the patient's rights and for addressing questions or complaints about your individual treatment plan.

22. You have the right to be told in advance of all estimated charges being made, the cost of services provided, sources of the clinic's reimbursement, and any limitations on the length of services known.

23. You have the right to withdraw your permission at any time in matters to which you have previously consented.

24. You have the right not to be given medication you do not need or too much medication, including the right to refuse medication unless your condition or behavior places you or others in immediate danger.

25. You have the right to request the opinion of another clinician at your own expense.

I certify that (Check One)

_____ I have received a copy of this document prior to treatment.

_____ Staff have explained its content to me in a language I understand.