My Rights and Responsibilities as a Client of Family Outreach Center

# Rights

I understand that as a service recipient of Family Outreach Center I will maintain all rights guaranteed by local authorities and state and federal law. I am also aware that I have the basic right to be treated with dignity and with respect.

In addition, I have the right:

* To be informed about my rights as a client in a language or manner that I understand.
* To be treated with courtesy, respect and dignity as an individual.
* To receive prompt service to meet my individual needs.
* To have explained to me the services that I will receive.
* To include who ever I may choose in my treatment experience.
* To take an active part in developing my treatment plan and making any changes in my treatment plan that might be necessary.
* To refuse to participate in a particular type of treatment and to be informed of the consequences for my refusal.
* To have all information about me kept confidential unless I and/or my guardian gives written permission to release the information or it is required by law or a court.
* To have access to a grievance procedure if I should object to the services that I am receiving or to how I am being treated.
* To have access to my written records according to agency procedures and conditions.
* To refuse to be involved in research, filming/photographed, taping or other such activities. I further understand that my written permission will be secured before any of the activities outlined above could take place.
* To know how much the services I receive will cost me, if there is a charge and how much I will have to pay.
* To refuse services even when court ordered, I understand that I may experience consequences as a result of my decision.

# Responsibilities

I understand that as a service recipient of Family Outreach Center, I will be responsible:

* To provide clear and accurate information about myself.
* To inform the agency receptionist of any change in my address, telephone number, income, or insurance coverage, etc. since my last visit to the agency.
* To be present for all of my scheduled appointments on time.
* To cancel in advance (prefer twenty-four (24) hours whenever possible) my scheduled appointments when I will be unable to come to the agency. I further understand that two consecutive canceled or no-show appointments could result in an interruption of my services.
* To participate actively in the planning of my treatment interventions throughout my treatment experience.
* To complete any therapeutic assignments given to me by my therapist between my scheduled appointments.
* To pay any costs negotiated by myself and an agency representative for my services that are not covered by my insurance company, ex. Co-pays.
* To be considerate of the rights of others – either other service recipients or members of the agency staff.

I understand that as a service recipient that my services could involuntarily be terminated if one or more of the following behaviors occurred.

1. a service recipient engages in a physical altercation with agency staff any time or place during service delivery.
2. a service recipient engages in a physical altercation with another service recipient on agency property.
3. a service recipient makes threats to do bodily harm to agency staff and/or members of their families.
4. a service recipient is in possession of a weapon on agency property.

I understand as a service recipient the agency has a flexible schedule of providing services to assist me and who ever is involved in my treatment to schedule appointment times convenient to my personal schedule.

 Monday-Thursday 8:30 a.m. – 5:00 p.m.

 Friday 8:30 a.m. – 12:00 p.m.

My signature and/or that of my guardian or family will serve as my personal acknowledgement that my rights and responsibilities have been carefully reviewed and that I agree to assume my responsibilities throughout my treatment experience.

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 Client Name Date

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 Parent/Guardian Date

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 Agency Witness Date