

Client Rights

- Right to be treated well and have your privacy respected, and freedom from mental and physical abuse, neglect, exploitation, retaliation or humiliation.
- Right to live as normally as possible while receiving care and treatment.
- Right to culturally competent treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disability or substance abuse .
- Right to a personalized and culturally appropriate service plan that focuses on your goals, needs and abilities, strengths, preferences, and cultural background and needs.
- Right to receive a copy of your treatment plan at any time during your treatment, by asking your counselor for a copy.
- Right to have this plan in place within 15 days of admission to CareNet Counseling.
- Right to exercise the civil rights available to all citizens unless these rights have been limited by a court of law.
- Right to confidentiality. This means no one has access to your identity or health information without your written permission, except in special situations that are defined in the Notice of Privacy Practices and Consent to Treat.
- Right to services that are best suited for your age, level of need, and cultural background.
- Right to be completely informed in advance of the potential risks and benefits of different service choices.
- Right to be free from unnecessary medication.
- Right to consent to or refuse any service you have been offered unless: (a) in an emergency situation, (b) if service was ordered by the court, (c) you are under 18 years old, and your legally responsible person gives permission, even if you object. Refusal or expression of choice may pertain to service delivery, release of information, concurrent services, and composition of the service delivery team and/or involvement in research projects, if applicable.

By signing below you are confirming you have read and understand the information above.

Client Printed Name: _____

Client Signature: _____ Date: _____

Legally Responsible Party

Printed Name (if required) _____

LRP signature: _____ Date: _____

Counselor Signature: _____ Date: _____