**Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Keystone Mental Health**

**Client’s Rights and Responsibilities**

**As a Keystone Mental Health client you have the right to:**

* You have the right to impartial access to treatment regardless of race, religion, sex, sexual orientation, age, ethnicity, or disability.
* You have the right to be treated with dignity and respect.
* You have the right to a written statement of your rights.
* You have the right to be informed of your rights in a language you understand.
* You have the right to participate in creating your treatment plan and receiving services consistent with that plan.
* You have the right to services provided in the least restrictive environment possible.
* You have the right to participate in treatment decisions.
* You have the right to have all services explained, including expected outcomes, possible risks/benefits, expected length of services and possible alternative treatments.
* You have the right to receive prior notice of service conclusion/transfer/termination, unless it poses a threat to health and safety of client and/or staff.
* You have the right to review clinical records.
* You have the right to be involved in planning termination of your treatment.
* You may terminate or refuse treatment at any time.
* You have the right to religious freedom.
* You have the right to have family involvement in service planning and delivery.
* You have the right to be free from abuse or neglect and to report any incidences of abuse or neglect without being subject to retaliation.
* You have the right to expect that all communications and report records pertaining to your treatment will be treated as confidential, except as otherwise required by law.
* You have the right to be told of any experiment treatment approach recommended for you, and you must give your written informed consent before any such approach may be used.
* You have the right to request another provider within the limits of our ability.
* You have the right to present complaints concerning the quality of care received, without being subject to retaliation.
* You have the right to be told in advance of all estimated charges being made, the costs of services provided, sources of the clinics’ reimbursement, and any limitations on length of services known.
* You have the right to withdraw your permission at any time in matters to which you have previously consented.

Your responsibilities as a Keystone Mental Health client:

* Participate in treatment.
* Be on time for appointments and/or cancel/reschedule within 24 hour notice period.
* Pay for services you receive at the time service is rendered.
* Treat staff with dignity and respect.
* Be free from drugs/alcohol during treatment.
* Inform staff of any special accommodations required, due to injury/disability, prior to treatment.
* Inform staff if you have concerns with quality of care.
* Inform staff if you are planning on terminating services.
* Inform staff if you are having any suicidal/homicidal thoughts.
* Respect the confidentiality of other client’s receiving services at facility.
* Provide accurate information regarding history of treatment, hospitalizations and current psychiatric symptoms.

I understand and agree to the terms stated in client’s rights and responsibility.

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Client Signature Date

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Parent/Guardian Date