

## **CLIENT'S BILL OF RIGHTS**

Clifford Beers Clinic is an agency committed to improving and protecting the mental and behavioral health of families it serves. The Client's Bill of Rights was created to form an effective partnership between families and staff.

The Clifford Beers Clinic gives you the right to:

### **1. Treatment**

- Treatment will be offered without discrimination of culture, race, color, religion, national origin, physically handicapping condition, personal values, beliefs, preferences, sex, or sexual orientation.
- Staff will provide the best and most responsible care possible.
- You will receive information in a manner you understand.
- You may request the name and qualifications of the staff who work with you.
- You may refuse or end treatment at any time. Staff will discuss the effects of this with you.
- You will be informed of all program rules, expectations, and your responsibilities.
- Your family and legal guardians (if applicable) will be informed of their roles in reaching treatment goals.
- You will collaborate in decisions about your care, treatment, or services.
- You may consent or refuse to let us use your image for promotions.
- You may consent or refuse to participate in clinical research.
- You will be free from neglect; exploitation; preferential treatment; and verbal, mental, physical, and sexual abuse.
- We will not use any procedures that harm you physically or mentally. You will not be intimidated, forced, restrained, involuntarily isolated, or threatened.
- We will minimize distractions that would interfere with your therapy.
- You may request protective and advocacy services.
- You may request contact information on advocacy groups.
- You will be informed of any serious incidents at the Clinic.

### **2. Respect for Clients with Intellectual & Developmental Disabilities**

- We will try to meet your needs and preferences.
- We will provide the same quality of care and rights to all clients.
- We will provide a facility and services that supports you, your independence, and your dignity.

### **3. Privacy and Confidentiality**

- You and your guardian (if applicable) may receive current information concerning your treatment.
- Your treatment records are private and confidential, except as otherwise stated by law, third-party payment, funding sources, quality assurance practices or signed releases of information.
- With written consent, you may have their records forwarded to any authorized agency or professional.
- You may cancel at any time a release form that you signed. This would prevent the sharing of information with those outside the agency.

### **4. Payment Information**

- Clinic services are provided at a fee that matches your ability to pay.
- You can examine and receive an explanation of your bill.

### **5. Grievance**

- If you are not satisfied with the Clinic, you can follow the steps on the grievance protocol.
- You can tell us if you are not satisfied with our service, without fear.
- You can also suggest changes to our policies.

A copy of this Bill of Rights is posted throughout the Clinic. Clients and families are given this copy to take with them at the first appointment. When you sign the Consent for Treatment, you sign that you received this copy.

We look forward to working with you.