

WILLOW OAK COMMUNITY BEHAVIORAL HEALTH CLINIC

INDIVIDUAL RIGHTS

As a participant in our program, you have rights.

1. Having your health and safety protected while in services.
2. Prompt and confidential services in the least restrictive environment available.
3. Being treated with respect and dignity.
4. Receiving treatment without regard to race, sex, or age.
5. Taking part in planning your own treatment and knowing the benefits, risks, and/or side effects of all medications and treatment alternatives.
6. Knowing the cost of your treatment and your responsibility for payment.
7. Being free of restraints or seclusion, except as a last resort for safety.
8. Being free of mental, physical, sexual or verbal abuse and free of neglect or exploitation.
9. Being free of retaliation and humiliation.
10. Pursuing employment, education and religious expression.
11. Seeing or refusing to see visitors; making and receiving telephone calls.
12. Request accommodations for cultural and religious reasons.
13. Accessing free interpretation services as needed and access to information pertinent to treatment which will assist you in your decision making.
14. Consulting your own physician or attorney; filing a complaint. Reporting violations or infringements of your rights without retaliation.
15. Being free from discrimination and retaliation due to any complaint or report made.
16. Receiving a separate Notice of Privacy Practices about confidentiality of your protected health information. Receiving notification of confidentiality of AD Records when applicable.
17. Receiving information regarding how to access your own records.
18. Informed consent and informed refusal to service delivery, release of information, and composition of your treatment team.
19. Access or referral to legal entities for appropriate representation, self help support and advocacy support services.

My signature below signifies that I have reviewed the Individual Rights associated with Willow Oak. I have had an opportunity to ask questions and receive answers. My signature indicates my willingness to proceed with treatment.

Individual Signature

Date

Printed Name: _____

Willow Oak Representative Signature

Date