

ELEVATE

COUNSELING SERVICES, INC.

117 EASTMAN ST, SO EASTON, MA 02375
116 MECHANIC ST. BELLINGHAM, MA 02019
695 WAREHAM ST, SO MIDDLEBORO, MA 02346

CLIENT RIGHTS AND RESPONSIBILITIES STATEMENT

Statement of Client Rights:

Clients have the right to:

- Be treated with dignity and respect.
- Fair treatment - regardless of race, religion, gender, ethnicity, age, disability, sexual orientation, or source of payment.
- Their treatment and other client information to be kept private. Only where permitted by law may records be released without client consent.
- Easy access to care in a timely fashion.
- Know about their treatment choices. This is regardless of cost of coverage by the client's insurance plan.
- Share in development of their care.
- Information in a language that they can understand.
- A clear explanation of their condition and treatment options.
- Information about clinical guidelines used in providing and managing their care.
- Ask their provider about their work history and training.
- Give input on the Client's Rights and Responsibilities policy.
- Know about advocacy and community groups and prevention services.
- Freely file a complaint or appeal and learn how to do so.
- Know of their rights and responsibilities in the treatment process.
- Receive services that will not jeopardize their employment.
- Request certain preferences in a provider.
- Have provider decisions about their care made without regard to financial incentives.

Statement of Client Responsibilities:

Clients have the responsibility to:

- Treat the provider giving care with dignity and respect.
- Give providers information they need. This is so providers can deliver the best possible care.
- Ask questions about their care. This is to help them understand their care.
- Follow the treatment plan. The plan of care is to be agreed upon by client and provider.
- Tell their provider and primary care physician about medication changes, including medications prescribed to them by others.
- Keep their appointments. Clients should call their providers as soon as they need to cancel visits.
- Let their provider know when the treatment plan isn't working for them.
- Let their provider know about problems paying fees.
- Report abuses and fraud.
- Openly report concerns about the quality of care they receive.

My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information.

_____ Date _____

Client signature

The signature below shows that I have explained this statement to the client. I have offered the client a copy of this form.

_____ Date _____

Provider signature