

CLIENT'S RIGHTS & RESPONSIBILITIES

Statement of Client's Rights:

- Clients have the right to receive an explanation of their rights and responsibilities in terms and language that they can understand prior to admission. In addition, access a list of their rights/responsibilities posted in a prominent place in the facility.
- Clients have the right to receive appropriate humane treatment, which minimizes restriction of their personal liberty only to the extent necessary for their treatment needs, and applicable legal requirements
- Clients have the right to an explanation in terms and language that they can understand the admission and discharge policies prior to admission
- Clients have the rights to an explanation in terms and language that they can understand, the charges and fees that they will be required to pay prior to admission Clients have the right to have their treatment and other information kept private. Only with consent, or if required by law, can records be released
- Clients have the rights to information about the name, title, professional background, and role of staff members who are directly involved in their treatment, and when appropriate, the names of other treatments, agencies, or providers involved in their treatment.
- Clients have the right to be informed in appropriate terms and language an easy-to- understand explanation of the contents and objectives of treatment or rehabilitation goals Clients have the right to be informed about the nature and significant possible negative effects of treatment or rehabilitation
- Clients have the right to be informed about all their treatment choices, regardless of cost or whether covered by insurance.
- Clients have the right to file a grievance if they are not satisfied with the treatment that they receive.
- Clients have the right to refused medication
- Clients have the right to refuse to participate in physically intrusive research.
- Clients have the right to participate in a manner appropriate to his/her condition, in the development and periodic review of his/her treatment plan.

STATEMENT OF CLIENT'S RESPONSIBILITIES:

- Clients have the responsibility to give providers information they need. This is so they can deliver the best possible care.
- Clients have the responsibility to let their provider know when the treatment plan no longer works for them.
- Clients have the responsibility to follow their medication plan. They must tell their provider about medication changes, including medications given to them by other providers.
- Clients have the responsibility to treat those giving them care with dignity and respect. Clients should not take actions that could harm the lives of Global Healthcare Services employees, providers, or other clients.
- Clients have the responsibility to keep their appointments; clients should call their providers as soon as possible if they need to cancel visits.
- Clients have the responsibility to ask their providers questions about their care. This is so they can understand their care and their role in that care.
- Clients have the responsibility to follow the plans and instructions for their care.
- Clients have the responsibility to plan medications visits or refills in advance so as to not precipitate emergency calls.



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Clients have the responsibility to let their provider know about problems with paying fees for services.

Clients have the responsibility to work with their insurance company as needed to obtain authorizations for their care.

Clients have the responsibility to inform their providers of any change in insurance coverage as soon as it is known in order to avoid the non-payment by insurances and thus self-pay charges.

I have been informed of my Rights and Responsibilities. I understand my Rights' and Responsibilities as explained to me. If there is any portion of my Rights and Responsibilities that require further explanation, I understand that I am free to request an explanation and assistance now or in the future.

Client Name/Parent/Guardian Name _____

Date: _____

Client/Parent/Guardian Signature _____

Date: _____

Staff Representative Signature _____

Date: _____