The APIA Behavioral Health Program upholds that all clients have the following RIGHTS:

1. To be treated with dignity and respect, regardless of one’s race, creed, religion, disability or sexual preference;
2. To help develop a plan of care for services that meet one’s specific mental health or substance use needs;
3. To participate in decisions regarding one’s behavioral health care;
4. To refuse treatment and change one’s mind at any time; **IMPORTANT** Client may be treated without consent only if case of an emergency and in the professional opinion of one’s therapist that failure to act immediately would jeopardize the client’s health.
5. To request and receive a discharge plan recommending specific self-help procedures and other steps that benefit one’s mental health and well-being;
6. To know the name and titles of all personnel directly involved in one’s treatment and to consult with treatment team members;
7. To have all information, related to one’s care, protected by confidentiality;
8. To refuse participation or interviews related to research purposes;
9. To appeal specific treatment decisions to higher authorities for review;
10. To participate, as far as is practical and desirable, in treatment within the clinic and community;
11. To be informed of one’s rights to leave the treatment program; and
12. To not to be subjected to physical abuse, corporal punishment or other forms of abuse and retaliation by staff.

In addition to rights while receiving treatment, the client also has a number of RESPONSIBILITIES to self and to APIA Behavioral Health:

1. Clients have the responsibility to participate actively and honestly in treatment. In many cases, particularly when the client is a child or adolescent, effective treatment requires active involvement and participation of parents or other family members.
2. Clients have the responsibility to keep scheduled appointments or to give 24-hour notice of cancellation if client will be unable to keep an appointment.
3. Clients have the responsibility to treat other clients and APIA personnel with dignity and respect, realizing that any act of aggression, breaching another client’s confidentiality, or any other inappropriate behavior will be grounds for involuntary termination from the program.

4. Clients are responsible for asking questions about any policy, procedure, or treatment which they do not understand or with which they do not agree.

5. Clients have the responsibility to honor their financial contract by paying for the services at the time services are provided, unless other financial arrangements have been made in writing with the APIA Behavioral Health Program.

6. Clients are responsible for providing all information necessary for billing health insurance or other third party insurance, including change in address, income, insurance information, etc.

7. Client has the responsibility to inform one’s counselor of expected and emergency absences. The counselor will determine if an absence is excusable. All individual and group services begin on time and lateness may be considered an unexcused absence. Two unexcused absences will be grounds for involuntary termination from current services.

8. IF CLIENT PARTICIPATES IN GROUP COUNSELING: Client is responsible for, and agrees to pay for, all group sessions scheduled, even if client does not attend. Client may be required to make up sessions but will not be charged for the make-up sessions.

9. Clients are responsible for their progress and understand it the program’s responsibility to assist clients in realizing their goals.

I have read and I understand the Client Rights and Responsibilities listed above. ___YES ___NO

I fully accept the responsibilities of participation and payment for services. ___YES ___NO

I have received / declined a copy of my Client Rights & Responsibilities.

__________________________________________________________
Client’s Signature/Legal Guardian

____________________________
Date