



United Family Services, Inc. Client Rights and Responsibilities

As a recipient of services offered by United Family Services, Inc., you are guaranteed certain basic rights. It is very important that you are aware of and understand these rights. Client rights are as follows:

1. To be fully informed, as evidenced by a client's written acknowledgement, of the rights, responsibilities, rules and regulations that apply to the client's conduct and consequences of non-compliance.
2. To receive humane care and counseling.
3. To receive an assessment that is used to develop an individual comprehensive treatment plan.
4. To be involved in the development of the Master Treatment Plan/Case Plan.
5. To be treated with respect and dignity as a human being.
6. To have case records kept confidential; and to have the limits of confidentiality explained, including use of identifying information for central registry and/or program evaluation purposes.
7. To not be denied services because of color, race, sex, creed, marital status, national origin, handicap, sexual orientation, or religious affiliation/practices.
8. The right to access or amend their individual client record in accordance with the HIPAA laws.
9. The right to an adequate number of competent, qualified and experienced professional clinical staff to implement and supervise the treatment plan.
10. To the receipt of services in the least restrictive environment possible.
11. To file a grievance against the agency; and to have the grievance process explained. In addition, you have the right to appeal treatment decisions made by staff in accordance with the programs grievance policy.
12. To be informed of treatment alternatives or alternative modalities.
13. To be encouraged and assisted throughout treatment to understand and exercise his/her rights as a client and a citizen, including: a) the right to report any cases of suspected abuse, neglect, exploitation of clients being served in the program, in accordance with applicable State law and abuse reporting procedures; and b) to recommend changes in policies and services.
14. To not be subjected to demeaning, shaming, or degrading language or activities.
15. To be informed regarding the financial aspects of treatment.
16. To not be subjected to unwarranted, invasive procedures or activities as disciplinary action.

17. To receive a copy of consent for a release of confidential information after the form is signed by the client.
18. To give informed consent prior to being involved in research projects.
19. To not be used for the solicitation of funds or other contributions by the program.
20. To have an intervention discontinued immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.
21. To participate in all service decisions and the right to request a review of my treatment plan/case plan.
22. To refuse any service, treatment, or medication unless mandated by law, or court order; client will be informed about the consequences of such refusal.
23. To have services offered by the agency explained so that he/she can make an informed choice.
24. To be informed if visitors are expected at the program.
25. To have the right to fair and equitable treatment including a) the right to receive services in a non-discriminatory manner; b) the consistent enforcement of program rules and expectations; and c) the right to receive services that are respectful of, and responsive to, cultural and linguistic differences.

As a recipient of services offered by United Family Services, Inc., you have certain responsibilities. It is very important that you are aware of and understand these responsibilities. Client responsibilities are as follows:

1. To be available for all scheduled appointments and visits. UFS, Inc.'s business hours are Monday-Friday, 8am-5pm.
2. To notify your therapist, substance abuse counselor, case manager, or aftercare worker if you must cancel a scheduled appointment/visit prior to the appointment/visit.
3. To be an active participant in the service plan (e.g. treatment plan, case plan, or aftercare plan).
4. To show respect to others and show respect for the rights of others.
5. To not engage in threatening or intimidating behavior while on the property of UFS, Inc. this includes the company vans/vehicles.
6. To not engage in verbal or physical aggression such as cursing, fighting, kicking, and etc.
7. To not engage in criminal behavior while on the property of UFS, Inc. this includes the agency's vehicles.
8. To take responsibility for improving his/her life by utilizing available services offered by UFS, Inc. which includes outpatient therapy, substance abuse counseling, case management/aftercare services, medication management, parenting education, and the Adolescent Improvement Program.
9. To keep therapist, substance abuse counselor, case manager, and/or aftercare worker informed of any life changes, new charges, changes in contact information, and etc.
10. To provide relevant information pertaining to my treatment as a basis for receiving services and participating in service decisions.
11. I understand that my case will be closed and referred back to the court if I demonstrate a pattern of excessive absences or failure to participate in treatment.
12. I understand that transportation is a service that may be provided if no other transportation is available. A request for transportation must be made at least **48 hours** before the needed service and the **Consent for Transportation** form must be signed by a parent/legal guardian.
13. I understand that transportation services will no longer be available if I am not at the identified pick up location stated on the consent form on **two (2)** occasions.
14. Parent/Legal guardian will need to sign in and sign out client when coming to the office for therapy/substance abuse counseling.

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Juvenile Name: _____ **Juvenile DOB:** _____

I have received written notice and been oriented to Client Rights and Responsibilities. I have also received a copy of the Client Handbook.

Client Signature

Date

Parent, Guardian or Authorized
Representative Signature

Date

Staff Signature

Date