

LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION

Client Rights

Individual's Name: _____ Today's Date: _____

Date of Birth: _____

As an individual who is seeking a referral for substance use disorder treatment/treatment related services and/or who is currently receiving substance use disorder treatment/treatment related services, some of your rights include and are not limited to the following:

1. The RIGHT to be assessed as an individual and to be treated with dignity and respect.
2. The RIGHT to information about any known resources that may enhance the quality of your care.
3. THE RIGHT to participate in the development and review of your treatment plan; treatment plan update; aftercare plan; and Case Management Service Plan (aka: Recovery Plan), which are to be completed in individual sessions.
4. The RIGHT to request to review your client records.
5. The RIGHT to quality care and that your care will be managed by professional and competent staff.
6. The RIGHT to refuse any treatment/treatment related service, medication, or procedure suggested by the staff.
7. The RIGHT to expect assistance in planning recovery-related activities after discharge.
8. The RIGHT to examine and have a detailed explanation of your bill.
9. The RIGHT to be treated in the least restrictive therapeutic manner and environment.
10. The RIGHT to expect that all information concerning your treatment/treatment related services will be kept in strict confidence, and only be released with your written permission and in accordance with the most restrictive state and federal confidentiality laws.
11. The RIGHT to have HIPAA, 42CFR, 4PA 255.5, and any other pertinent regulations/laws protecting client information and records explained to you.
12. The RIGHT to know the agency rules and regulations, including those that pertain to a non-successful discharge from treatment/treatment related services.
13. The RIGHT to revoke a consent (at any time).
14. The RIGHT to obtain copies of any document with your signature.
15. The RIGHT to retain all your civil rights and liberties as outlined in the Provision of section 7 of the PA Drug & Alcohol Abuse Control Act.
16. The RIGHT to know who is requesting information about your treatment/treatment related episode and what treatment/treatment related information has been released.
17. The RIGHT to file a grievance.

Individual's Signature

Date

Witness Signature

Date

Check appropriate box: I have accepted a copy of this document I have declined a copy of this document