



## Client Rights Statement

Client Name (Last, First, MI)	SS#
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### CLIENT'S RIGHTS

As a client of The Alpha Center, you have the following rights:

- to be entitled to respect and dignity in an environment that affords security and privacy;
- to receive services that are protected under the laws of confidentiality and to receive a Privacy Notice as well as other information concerning your rights in regard to the use, storage and disclosure of healthcare information;
- to receive services regardless of race, sex, national origin, creed, physical or mental handicap;
- to know the reasons for or purpose of the services provided and to consent to receiving these services;
- to receive an individual evaluation and treatment based upon your needs, abilities and goals, including your active participation in the development of your individualized treatment plan;
- to ensure that your needs and preferences are not neglected and to receive any information needed to make informed decisions concerning the services you receive;
- to be assessed fees on an equitable basis;
- to express your preferences concerning the choice of service provider;
- to review your records upon reasonable request and as provided by law;
- to refuse treatment or withdraw from services at any time;
- to be free from physical abuse, sexual abuse, harassment and physical punishment imposed by program employees;
- to be free from fiduciary abuse associated with program employees holding in trust anything of value that belongs to you;
- to be informed of and treated in compliance with the DOT regulations; and
- to receive assistance from the program in facilitating a referral to recommended services

### CONSENT TO TREATMENT

I certify that my rights have been fully explained to me. I agree to each of them and remain desirous of treatment services provided by this program in accordance with these rights.

Client Signature	Date
Witness Signature	Date