



Statement of Client Rights and Responsibilities

JAMHI continuously supports and protects the fundamental human, civil, constitutional, and statutory rights of each client. Each client's personal dignity and autonomy are respected in provision of services.

While in the care of JAMHI, I have the right to:

- Be treated with respect and consideration, and receive helpful treatment regardless of my age, gender, culture, socioeconomic status, psychological characteristics, sexual orientation, ethnicity, disability status, and/or spiritual beliefs.
- A safe and healthy environment free from physical, sexual, psychological, and financial abuse and other exploitations, retaliation, humiliation, and neglect.
- Confidential maintenance of all information pertaining to me and provide prior written approval for the release of identifiable information. Information may be disclosed without consent under the following exceptions:
 - Any known or suspected child abuse or neglect
 - Intent to commit suicide or homicide, including warning of potential victim(s)
- Choose to sign an Authorization for Release of Information Form so JAMHI can obtain or share information about me.
- View with staff, at a reasonable time, my treatment record; however, information confidential to others may not be viewed by me.
- Informed consent or refusal, or expression of choice regarding services and programs available, release of information, concurrent services, and choice of providers.
- Have rules, regulations, and information about my treatment explained in a manner that is understandable.
- Information about services and programs and how to access them while I am in treatment.
- Have any grievances or alleged violation of rights investigated with resolution.
- Participate in the development, evaluation, and review of my treatment plan, and to request specific forms of treatment, be informed why requested forms of treatment are not made available, refuse specific forms of treatment that are offered, and be informed of treatment progress and prognosis to facilitate making decisions for care.
- Have access and referral to guardians, self-help groups, advocacy services, and legal services when available and necessary.
- Receive and examine an explanation of billing, regardless of payment source.
- Be informed by the prescribing physician of the name, purpose, and possible side effects of medications prescribed as part of my treatment plan.
- Request a written summary of my treatment; the summary must include discharge and transition plans.

While in the care of JAMHI, I have the responsibility to:

- Actively participate in treatment.
- Inform staff of emotions, events, or commitments which may affect treatment.
- Maintain the confidentiality of other clients I may encounter at JAMHI facilities.
- Be on time for appointments and/or give 24-hour notice if I cannot make an appointment.
- Provide health insurance information, or financial information to determine reduced rates. If I choose not to provide this information, I will be responsible for the full amount of services rendered. JAMHI bills monthly.

Violence, threats, or verbal abuse are not tolerated and may result in discharge from JAMHI services.

I have read, understand, and agree to the above statements.

Client signature:

Date

Printed name:

Parent or Legal Guardian signature (if applicable):

Date

Printed name: