



Client Rights and Responsibilities

Rights

- To receive treatment without regard to race, color, age, sex, religion, disability, national origin, sexual orientation, gender identity or inability to pay; or because payment for services is made under Medicare, Medicaid, or CHIP
- To receive humane care and be free from neglect, exploitation, verbal, mental, physical and sexual abuse
- To be treated with dignity and respect in the provision of all care and treatment
- To receive services in accordance with the generally accepted professional standards
- To the provision of all aspects of care and provision of services within the least restrictive environment possible
- To an individualized written treatment or service plan and treatment based on such plan
- To the active participation in my treatment plan if I am over 12 years of age and to the participation of responsible parents, relatives, or guardians in the planning of my treatment if I am a minor or if I give my authorization
- To periodic review and reassessment of treatment and related service needs and the appropriate revision of my plan.
- To consult with legal counsel at my own expense
- To consult an external physician of my choice at my own expense
- To participate in the planning of my treatment in a manner that is appropriate to my capability
- To refuse to participate in research projects without prejudice to my treatment;
- To be informed of (a) the nature of the treatment or rehabilitation program proposed, (b) the known effects of receiving and not receiving the treatment or rehabilitation, and (c) alternative treatments or rehabilitation programs, if any
- To expect privacy and confidentiality concerning treatment within the limits of applicable federal, state and local laws, regulations and guidelines and to have my record treated as confidential*
- To know the risks, side effects and benefits of all medications used
- To an explanation in terms and languages appropriate to my condition and ability to understand, of (a) my general mental condition, and if a physician examination has been provided, of my physical condition, (b) the nature and possible adverse effects of recommended treatment, (c) the objectives of the treatment, (d) reasons why a treatment is considered appropriate, (e) the expected duration of the treatment, (f) the reasons why access to certain visitors may not be

appropriate, and (g) any appropriate and available alternative treatment, service, and type of provide of mental health services

- To be informed of the professional staff members responsible for my care and their professional status
- To request an alternative clinician assignment and have this request reviewed
- To information about any proposed change in the professional staff responsible for my care or for any transfer either within or outside of the agency
- To inspect and receive a copy of my record or parts of my record in accordance with applicable laws.
- To request amendments to my record. This request must be reviewed and approved per policy and law
- To request certain restrictions on information disclosed from my record. This request must be reviewed and approved per policy and law
- To be notified in the event of a breach of security/confidentiality of my protected health information
- To an accounting of disclosures from my record
- To request certain confidential communications
- To decline treatment against medical advice, and to withdraw consent for the treatment at any time, within the limits of applicable federal, state and local laws, regulations and guidelines
- To exercise all constitutional, statutory, and civil rights, except for those rights that have been denied or limited by an adjudication of finding of mental incompetency in a guardianship or other civil proceeding
- To be free from seclusion, chemical or physical restraint, unless necessary to:
 - Prevent the danger of abuse or injury to myself or others
 - To advance directive or psychiatric advance directive
 - To be treated utilizing universal precautions for infection control
- To assert my grievances and have access to an internal appeals process regarding violations of my rights
- To information about the rules and regulations of Aspire that are applicable to my conduct
- To an appropriate assessment of and referral for provision for management of pain
- To information about the current and future use and disposition of products of special observation and audio-visual techniques and photographs
- To information about the cost of services (itemized when possible)
- To information about the source of the agency's reimbursement and any limitation placed on duration of services
- To a copy of my discharge plan, if available
- To the right to waive any of the rights enumerated in Indiana Code IC-12-27-2 if the waiver is given voluntarily and knowingly. Any waiver shall be in writing and documented in my record. The waiver may be withdrawn by me at any time and in no event may admission to a program be conditional upon my giving such a waiver
- To have personnel who can communicate with me if I am deaf or hard of hearing or visually impaired and to have available a copy of these rights posted in the facility in my primary language if a significant population using my primary language is being served at Aspire. If

you feel that any of your rights have been abused, contact the Compliance Director who will be glad to pursue any complaints at your request.

- This statement is a general review of your rights as a client. In some instances these may be modified or be more detailed than the statement given in this document. You understand that this is not intended to be a comprehensive list of all of your rights and that if you have questions regarding the rights listed or other rights, you have the right to ask for more specific information.

*At times state and/or federal statutes require or permit the release of information without a signed release of information and to allow for emergency treatment without consent in certain circumstances. Please see the Aspire Notice of Privacy Practices.

My Responsibilities

- To provide accurate information about myself and my situation including risk factors Aspire should know and any changes in my condition
- To ask questions when I do not understand something about my treatment or any treatment recommended for me
- To give feedback about my needs and what I expect from Aspire .
- To follow my agreed upon treatment plan and let Aspire know if I cannot follow the treatment plan so we can try to work out a plan that is acceptable
- To understand that failure to follow the agreed treatment plan may result in severe health consequences to myself and others, and that I accept responsibility for those consequences
- To respect the confidentiality and privacy of other persons seen at Aspire
- To be considerate of others and their property at Aspire. The use of abusive language or aggression towards staff or other patients may result in being asked to leave the facility before care is rendered and repeated offenses may result in being discharged from Aspire services.
- To attend and be punctual for all appointments and follow other rules and regulations of Aspire
- To call the Aspire office 24-hours in advance when unable to keep my appointments
- To make payment for treatment at each appointment and pay all charges not covered by insurance.
- Aspire policy prohibits weapons, non-prescribed controlled substances, alcohol and assaultive behavior on the premises. It is your responsibility to agree to abide by this policy as part of treatment with Aspire. Violation of this policy may result in: 1) a report to law enforcement officials, 2) refusal of further services, and 3) permanent confiscation of the prohibited drugs or weapons. Aspire shall have the right to deny services to anyone refusing to abide by this policy.