

BEHAVIORAL HEALTH DEPARTMENT

CLIENT'S RIGHTS AND RESPONSIBILITIES

We at East Valley Community Health Center (EVCHC) believe in providing equal access to those who request and are eligible for the services we offer. The following are the rights for all Behavioral Health Service clients. These rights are afforded to all EVCHC clients.

Client Rights

1. The right to have access to needed health and social services without regard to age, race, gender, color, religion, nationality, origin, physical or mental disability or sexual orientation.
2. The right to be treated with respect and dignity.
3. The right to be notified of any changes, discharge, or termination of services
4. The right to withdraw from treatment at any time, for any reason.
5. The right to report violation of his/her rights, and perceived discrimination or inappropriate behavior.

In order to ensure the highest quality of services and to protect the welfare of all staff and clients, we ask all clients to comply with the following client responsibilities.

Client Responsibilities

1. Clients are expected to behave in an appropriate manner during the visits to the clinic. Violence, verbal abuse, threats, or hostile speech, directed towards staff, other patients and/or volunteers will not be tolerated and such actions may lead to termination of services.
2. Clients are expected not to use illicit substances while on EVCHC premises.
3. Clients are expected to be free of any weapons (e.g. guns, knives, clubs) while on EVCHC premises.
4. Clients are expected to respect the personal belongings of fellow clients and staff. Theft or vandalism of any kind will not be tolerated.
5. Persons with an airborne communication disease, such as tuberculosis (TB), are expected to notify their provider at the time of his/her visit.
6. Clients are expected to schedule all their appointments as required by their treatment plan. Services to unscheduled patients will only be provided as deemed appropriate by the staff.
7. In the case of an off-site medical emergency, it is the responsibility of the client to either call 911 or go to the nearest hospital emergency room.

I understand that the Behavioral Health Department Staff of EVCHC works as a team in determining what is in the best interest of all patients and employees.

I have read and understood the above and know that EVCHC has the right to terminate or suspend services to me if I do not comply with my responsibilities as a client.

Signature of Patient _____

Print Name _____ Date ____/____/____

Witness Signature _____

Print Name _____ Date ____/____/____