

**Clients' Rights and Responsibilities Statement
Statement of Clients' Rights**

- *Clients have the right to be treated with dignity and respect.
- *Clients have the right to fair treatment; regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- *Clients have the right to have their treatment and other client information kept private.
- *Client treatment records may be released without client permission only if an emergency happens or if required by law.
- *Clients have the right to easily access timely care in a timely fashion.
- *Clients have the right to know about their treatment choices. This is regardless of cost or coverage by the client's benefit plan.
- *Clients have the right to share in developing their plan of care.
- *Clients have the right to information in a language they can understand.
- *Clients have the right to have a clear explanation of their condition and treatment options.
- *Clients have the right to information about Life Counseling Services, and Magellan Health Services, its practitioners, services and role in the treatment process.
- *Clients have the right to information about clinical guidelines used in providing and managing their care.
- *Clients have the right to ask their provider about their work history and training.
- *Clients have the right to give input on this Clients' Rights and Responsibilities policy.
- *Clients have a right to know about advocacy and community groups and prevention services.
- *Clients have a right to freely file a complaint or appeal and learn how to do so.
- *Clients have the right to know of their rights and responsibilities in the treatment process.
- *Clients have the right to receive services that will not jeopardize their employment.
- *Clients have the right to list certain preferences in a provider.

Statement of Clients' Responsibilities

- *Clients have the responsibility to treat those giving them care with dignity and respect.
- *Clients have the responsibility to give providers the information they need. This is so providers can deliver the best possible care.
- *Clients have the responsibility to let their provider know when the treatment plan no longer works for them.
- *Clients have the responsibility to ask questions about their care. This is to help them understand their care.
- *Clients have the responsibility to follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- *Clients have the responsibility to follow an agreed upon medication plan.
- *Clients have the responsibility to tell their provider and primary care physician about medication changes, including medications given to them by others.
- *Clients should not take actions that could harm the lives of Onward Behavioral Health employees.
- *Clients have the responsibility to keep their appointments. Clients should call their providers with a minimum of 48 hours notice of a cancellation of a visit.
- *Clients have the responsibility to pay their co-pay fees and to inform the provider of any change in their insurance or required co-pay.
- *Clients have the responsibility to report abuse and fraud.
- *Clients have the responsibility to openly report concerns about the quality of care they receive.
- *Clients are ultimately responsible for payment should their insurance decline payment for any reason.

For New Jersey Only-- Statement of Client Rights (N.J.A.C. 10:37-4.5(b) & (h) 1-6

1. The right to be free from unnecessary or excessive medication.
2. The right to not be subjected to non-standard treatment or procedures, experimental procedures or research, psycho-surgery, sterilization, electro-convulsive therapy or provider demonstration programs, without written informed consent, after consultation with counsel or interested party of the client's choice.
3. The right to treatment in the least restrictive setting, free from physical restraints and isolation.
4. The right to be free from corporal punishment. 5. The right to privacy and dignity.
6. The right to the least restrictive conditions necessary to achieve the goals of treatment/services.

My signature below shows I have been informed of my rights/responsibilities and understand them.

Client _____ Date _____ Legal Guardian _____ Date _____