

## CLIENT RIGHTS AND RESPONSIBILITIES CONTRACT

Client Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

The staff at Adolescent and Family Growth Center believe it is important that you understand your rights and responsibilities while participating in our program. Your rights are protected by Federal, State and Local legislation. If you do not fully understand your rights and responsibilities, please discuss your questions and concerns with your Therapist.

### YOU HAVE THE RIGHT TO:

1. Be treated with dignity and respect.
2. Receive treatment regardless of your sex, race, age, national origin, religious beliefs or special needs.
3. Participate in your treatment planning.
4. Confidentiality of services and records.
5. Protection from physical, mental or emotional abuse.
6. Issue complaints if you feel you have been mistreated and to an investigation and hearing of these complaints.
7. Receive services in a safe, sanitary and wholesome environment.
8. Explanation of Human Rights Plan.

If you believe your rights have been violated, please notify a staff member immediately. You may request a formal hearing from the Management Team at AFGC if your concerns are not addressed satisfactorily by the staff member. If you are not satisfied with the resolution, please contact:

Marianne Werth, Director of Operations at 703-425-9200 or your human rights advocate Mr. Tim Simmons at 804-305-0461. The function of the human rights advocate is to ensure that the consumers of mental health services are fully able to exercise their human rights while receiving mental health services.

### YOU HAVE THE RESPONSIBILITY TO:

1. Treat others with dignity and respect.
2. Work with your treatment team and participate in your own treatment.
3. Participate in your treatment planning.
4. Respect the confidentiality of others.
5. Refrain from inflicting physical, mental or emotional abuse on others.
6. Attempt to resolve problems or issues directly with those involved.
7. Keep your environment safe, sanitary and wholesome.
8. Understand the Human Rights Plan.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Guardian Signature (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*AFGC Therapist, Title*

\_\_\_\_\_  
*Date*