**A New Tomorrow**

**Behavioral Health Services**

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**Rights of Persons Services**

**December 6, 2023**

**Policy**

Our practice is committed to serving and protecting the rights of our clients. Our police ensures that their rights nurtures and protects their dignity and respect. The rights of all clients shall be given the highest priority. Client rights are reviewed at the time of intake, and initial documentation. Our practice will make every effort to ensure that clients have a clear understanding of these rights by communicating and sharing this information in a way that is meaningful to the client. Clients can make complaints in writing and verbally when needed.

**Procedure**

I. Our practice promotes the following client rights with the expectation that it will be adhered to at all times:

1. Confidentiality of your records which are protected by Federal and State regulations.
2. The provision of services regardless of race, sex, religion, or color.
3. Care is delivered in a manner conducive to protection of individual liberty with limited restriction but with maintaining and achieving treatment goals.
4. Humane care delivered in a manner consistent with maintaining privacy and dignity.
5. Participation in education and/or training services regardless of age or disability.
6. Clients have the right to their religious preference and practice.
7. Access to clinical records. Release must be completed by client or legal guardian.
8. Clients have the right to access clinical staff on a regular or emergency basis and may also request meetings or contact with Director as deemed appropriate.
9. Freedom from financial and other exploitation.
10. Access of referral to legal entities for appropriate representation.
11. Other legal rights (per state and federal policies and guidelines)
12. Clients can make complaints in writing and verbally.

**Client Name:**

**Client ID Number:**

**STATEMENT OF CLIENT RIGHTS**

As a client A New Tomorrow seeking services, you are entitled to the following rights:

* **The right to receive services no matter what you look like or what you believe in.**

 (To receive services regardless of race, sex, creed, or color.)

* **To have people treat you appropriately and with respect.**

(To receive considerate and respectful care.)

* **To know that your records are private and that the law says that no one can see them without permission.**

(To know that your records are protected under Federal and State Confidentiality Regulations which prohibit unauthorized disclosure of information.)

* **To have privacy as much as possible.**

(To receive privacy whenever it is indicated.)

* **To have treatment and service made especially for you, based on your needs.**

(To receive individual evaluations and individual treatment based upon your needs and goals.)

* **To have someone explain your treatment to you.**

(To know the rationale of all services provided to you.)

* **To know who the people are that are helping you and what qualifies them to do so. You also have the right to know who is most responsible for your care.**

(To know the identity and professional status of individuals providing service and to know which professional is primarily responsible for your care.)

* **To say no to treatment and service delivery as long as the law says it is OK for you to do so.**

(To refuse treatment to the extent permitted by law.)

* **To access your records and to get the most recent news about your progress.**

(To review your records upon request and to receive current information concerning diagnosis, treatment, and prognosis.)

* **To be involved in creating special programs which will be used in your treatment and general health care.**

(To participate voluntarily in special programs and to participate to the degree possible in decisions involving your health care.)

* **To leave the practice and not take part in services without giving up the chance to come back at a later time.**

(To withdraw from services without disqualifying you from consideration for admission at a later time.)

* **To be told about referrals, discharge from services, or other treatment services.**

(To be given information relative to referrals, discharge of services, or continuing care.)

* **To say no to treatment that you feel may hurt you, if the law says you can.**

(To refuse treatment considered detrimental to your welfare within the limits of the law.)

* **To make a complaint, without retaliation or humiliation, if you think any of these rights have been denied or not fully explained to you.**

(To file a grievance, if you think any of these rights have been restricted or denied.)

◼ **To have immediate access to grievance forms which are located in the front office or ask a staff member to provide a form to you. If you do not understand the form, you have the right to have the form explained to you. Complaints can be made verbally and in writing.**

* **To be protected from harm, abuse, neglect, or exploitation.**

(To be free of physical or sexual harassment or abuse and corporal punishment.)

* **To practice your own religion and spirituality.**

(To practice the religion of your choice.)

**IF YOU FEEL LIKE YOUR RIGHTS HAVE BEEN DENIED, YOU CAN MAKE A COMPLAINT. IF YOU WANT TO MAKE A COMPLAINT, YOU HAVE TO FOLLOW THE CLIENT GRIEVANACE PROCEDURE. IF YOU DON’T UNDERSTAND THIS, YOU CAN ASK FRONT OFFICE STAFF OR DIRECTOR TO EXPLAIN WHAT YOU NEED TO DO.**

 **Client Name:**

 **Client ID Number:** \_\_\_\_\_\_

**STATEMENT OF CLIENT RIGHTS**

I have been provided the Statement of Client Rights and they have been explained to me. I understand the information given to me on this date.

Client Signature Date

Parent/Guardian Signature Date

Staff Signature Date

**Annual Review of Client Rights**

I have been provided a review of the Statement of Client Rights and they have been explained to me. I understand the information given to me on this date.

Client Signature Date

Staff Signature Date