

HITTLE HOUSE

CLIENT RIGHTS AND RESPONSIBILITIES

CLIENT ID# _____ CLIENT NAME: _____

BIRTH DATE: _____

We welcome you as a client of Hittle House. As a client you agree to the following:

1. RESPECT THE RIGHTS OF OTHER CLIENTS AND STAFF.
2. PARTICIPATE IN THE DEVELOPMENT OF YOUR INDIVIDUAL SERVICE PLAN AND WORK TOWARD GOALS ESTABLISHED IN YOUR INDIVIDUAL SERVICE PLAN (YOU MAY REQUEST THAT YOUR FAMILY MEMBERS, ETC. PARTICIPATE TOO, IF YOU DESIRE).
3. KEEP SCHEDULED APPOINTMENTS OF PROVIDE 24 HOUR NOTICE OF CANCELLATION WHENEVER POSSIBLE.
4. NOTIFY HITTLE HOUSE OF ANY CHANGES IN ADDRESS, PHONE NUMBER, INSURANCE STATUS, SOURCE OF INCOME AND MARITAL STATUS.
5. NOTIFY HITTLE HOUSE OF ANY CHANGE IN INCOME IF YOUR FEE HAS BEEN ADJUSTED ACCORDING TO YOUR INCOME.
6. MEET FINANCIAL OBLIGATIONS ACCORDING TO YOUR MOST RECENTLY SIGNED CLIENT FEE AGREEMENT.
7. BE HONEST AND OPEN WITH THE STAFF IN MATTERS RELATING TO YOUR PHYSICAL AND MENTAL HEALTH, AND ALCOHOL AND OTHER DRUG PROBLEMS/ISSUES (PAST AND PRESENT ILLNESS, ALL MEDICATIONS, ALLERGIES, PAST TREATMENTS, ETC.).
8. RESPECT THE SAFETY OF OTHER CLIENTS AND STAFF BY NOT BRINGING ANY TYPE OF WEAPON (THIS INCLUDES HANDGUNS, EXPLOSIVES, KNIVES) INTO HITTLE HOUSE FACILITY.

I have received a copy of:

- 1) _____ Hittle House "Client Rights" booklet (copy on file at referring agency with client rights officer).
- 2) _____ Hittle House' HIPAA privacy notice
- 3) _____ ADAMH Board privacy notice
- 4) _____ and, the above list of client responsibilities

They have been reviewed with me by a Hittle House staff person.

I understand that if I have questions or concerns about these rights and responsibilities, I can discuss them with the Client Rights Officer or another Hittle House clinical staff member of my choice.

I, the client, understand my rights and responsibilities and acknowledge that I have received a copy of this form.

_____/_____/_____
Client/Parent/Guardian Signature Date

_____/_____/_____
Witness Signature Date

