

Pediatric Behavioral Health Institute

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CLIENT'S RIGHTS AND RESPONSIBILITIES

Client Name: _____ SS#: _____

As a client of the SEAL Therapeutic Corporation, you have the following rights:

1. To make recommendations regarding our client's right and responsibilities.

2. To be treated with courtesy and respect.

3. To receive appropriate behavioral health care.

4. To obtain information about our services and therapists.

5. To receive information about our clinical guidelines and client's rights and responsibilities.

6. To participate in the planning of your treatment, including the option to consult with personal and professional acquaintances at your own expense.

7. As a competent client, to refuse treatment.

8. To participate in experimental research, but only when you have provided written, informed consent to do so.

9. To be free from mental and physical abuse as defined by law. This includes freedom from any act that constitutes assault, sexual exploitation, or criminal sexual conduct. It also includes the intentional and non-therapeutic infliction of physical pain or injury, or any conduct intended to produce mental or emotional distress.

10. To confidential and private behavioral healthcare treatment and the confidentiality of your treatment record. This includes your right to approve or refuse the release of information contained in your records.

11. To voice complaints about the care that is provided following the center's procedure. A copy of the procedure can be obtained from the receptionist.

And the responsibilities:

1. To give to your treatment providers, the information needed in order to care for you.

2. To follow the treatment plan and instructions for care that you and the provider have agreed upon.

3. To participate, to the degree possible, in understanding your behavioral health problems and in developing with your provider, mutually agreed upon treatment goals.

_____	_____
Client Signature	Date
_____	_____
Guardian Signature	Date
_____	_____
Witness Signature	Date