

MAPLE STAR NEVADA
SA PROGRAM TREATMENT AGREEMENT
CLIENTS RIGHTS

As the patient of a program for treatment of abuse or dependency upon alcohol or other drugs, your rights include, but are not limited to, the following:

1. You have the right to be provided treatment appropriate to your needs.
2. If you are transferred to another treatment provider, you have the right to be given an explanation of the need for such transfer and of the alternatives available, unless such transfer is made due to a medical emergency.
3. You have the right to be informed of all program services which may be of benefit to your treatment.
4. You have the right to have your clinical records forwarded to the receiving program if you are transferred to another treatment program with written request.
5. You have the right to be informed of the professional qualifications of staff involved in your treatment.
6. You have the right to be informed of your diagnosis, treatment plan and prognosis.
7. You have the right to be given sufficient information to provide for informed consent to any treatment you are provided. This is to include a description of any significant medical risks, the name of the person responsible for treatment, an estimated of the estimation of the costs of treatment, and a description of the alternatives to treatment.
8. You have the right to examine your bill for treatment and to receive an explanation of the bill.
9. You have the right to be informed of the program's rules for your conduct at the facility.
10. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of such refusal.
11. You have the right to receive respectful and considerate care.
12. You have the right to have any reasonable request for services reasonably satisfied by the program, considering its ability to do so.
13. You have the right to safe and healthful accommodations.
14. You have the right to confidential treatment. This means that, other than exceptions defined by law – such as those in which public safety takes priority – without your explicit consent to do so the program may release no information about you, including confirmation or denial that you are a patient.

15. Waiver of any civil or other right protected by law cannot be required as a condition of program services.
16. You have the right to freedom from emotional, physical, intellectual, or sexual harassment or abuse.
17. You have the right to attend religious activities of your choice, including visitation from a spiritual counselor, to the extent that such activities do not conflict with program activities. The program shall make a reasonable accommodation to your chosen religious activities. Attendance at and participation in any religious activity is to be only on a voluntary basis.
18. You have the right to grieve actions and decisions of facility staff which you believe are inappropriate, including but not limited to actions and decisions which you believe violate your rights as a patient. The facility is obligated to develop a grievance procedure for timely resolution of complaints from patients and to post such a procedure for timely resolution of complaints from available to you. You have the right to freedom from retribution or other adverse consequences as the product of filing a grievance.
19. You have the right to file a complaint with the State of Nevada if the facility's grievance procedure does not resolve your complaint to your satisfaction, and the right to freedom from retribution or other adverse consequences as the product of filing a complaint. Such complaints may be addressed in writing or by telephone to:

Substance Abuse Prevention and Treatment Agency
4126 Technology Way, 2nd Floor
Carson City, Nevada. 89706
(775) 684-4190

20. You have the right to be informed of your rights as a patient. The foregoing are to be posted in the facility in a place where they are immediately available to you, and you are to be informed of these rights and given a listing of them as soon as is practically possible upon you beginning treatment.

Client acknowledgement:

I have read, understand, and have been provided a copy of the above Patient's Rights.

Client /Legal Guardian Signature

Date

