



CLIENT RIGHTS STATEMENT

This statement is a general review of your rights as a client. In some instances these may be modified or be more detailed than the statement given in this document. You understand that this is not intended to be a comprehensive list of all of your rights and that if you have questions regarding the rights listed or other rights, you have the right to ask for more specific information.

- To receive treatment without regard to race, color, age, sex, religion, disability, national origin, sexual orientation, gender identity, genetic information (including family medical history), health conditions (including past or present health conditions), housing status, place of residence, homelessness, lack of a permanent address, inability to pay; or because payment for services is made under Medicare, Medicaid, or CHIP;
- To receive person and family-centered care, that recognizes and respects the individual's cultural needs.
- To receive humane care and protection from harm, abuse and neglect, regardless of the source(s) of my financial support;
- To be treated with dignity and respect in the provision of all care and treatment;
- To receive services in accordance with the generally accepted professional standards;
- To the provision of all aspects of care and provision of services within the least restrictive environment possible;
- To an individualized written treatment or service plan and treatment based on such plan;
- To the active participation in my treatment plan if I am over 12 years of age and to the participation of responsible parents, relatives, or guardians in the planning of my treatment if I am a minor or if I give my authorization;
- To periodic review and reassessment of treatment and related service needs and the appropriate revision of my plan, including any necessary revision to the description of services that may be needed after I am discharged from the program/facility;
- To consult with legal counsel at my own expense;
- To consult with a physician of my choice at my own expense;

- To participate in the planning of my treatment in a manner that is appropriate to my capability;
- To be informed of (a) the nature of the treatment or rehabilitation program proposed, (b) the known effects of receiving and not receiving the treatment or rehabilitation, and (c) alternative treatments or rehabilitation programs, if any;
- To expect privacy and confidentiality concerning treatment within the limits of applicable federal, state and local laws, regulations and guidelines and to have my record treated as confidential;
- To an explanation in terms and languages appropriate to my condition and ability to understand, of (a) my general mental condition, and if a physician examination has been provided, of my physical condition, (b) the nature and possible adverse effects of recommended treatment, (c) the objectives of the treatment, (d) reasons why a treatment is considered appropriate, (e) the expected duration of the treatment, (f) the reasons why access to certain visitors may not be appropriate, and (g) any appropriate and available alternative treatment, service, and type of provide of mental health services;
- To know the risks, side effects and benefits of all medications used;
- To be informed of the professional staff members responsible for my care and their professional status;
- To request an alternative clinician assignment and have this request reviewed;
- To information about any proposed change in the professional staff responsible for my care or for any transfer either within or outside of the agency;
- To inspect and receive a copy of my record or parts of my record. This right may be modified for good cause by my healthcare provider.**;
- To request amendments to my record. This request must be reviewed and approved per policy and law;
- To request certain restrictions on information disclosed from my record. This request must be reviewed and approved per policy and law;
- To be notified in the event of a breach of security/confidentiality of my protected health information;
- To an accounting of disclosures from my record;
- To request certain confidential communications;
- To refuse to participate in research projects without prejudice to my treatment;
- To decline treatment against medical advice, and to withdraw consent for the treatment at any time, within the limits of applicable federal, state and local laws, regulations and guidelines;
- To exercise all constitutional, statutory, and civil rights, except for those rights that have been denied or limited by an adjudication of finding of mental incompetency in a guardianship or other civil proceeding;
- To be free from seclusion, chemical or physical restraint, unless necessary to prevent the danger of abuse or injury to myself or others;

- To advance directive or psychiatric advance directive;
- To be treated utilizing universal precautions for infection control;
- To assert my grievances and have access to an internal appeals process regarding violations of my rights;
- To information about the rules and regulations of Aspire that are applicable to my conduct;
- To an appropriate assessment of and referral or provision for management of pain;
- To information about the current and future use and disposition of products of special observation and audio-visual techniques and photographs;
- To information about the cost of services (itemized when possible);
- To information about the source of the agency's reimbursement and any limitation placed on duration of services;
- To a copy of my discharge plan if acceptable;
- To the right to waive any of the rights enumerated in Indiana Code IC-12-27-2 if the waiver is given voluntarily and knowingly. Any waiver shall be in writing and documented in my record. The waiver may be withdrawn by me at any time and in no event may admission to a program be conditional upon my giving such a waiver;
- To have personnel who can communicate with me if I am deaf or hard of hearing or visually impaired; and,
- To have available a copy of these rights posted in the facility in my primary language if a significant population using my primary language is being served at Aspire.

If you feel that any of your rights have been abused, contact the Compliance Director who will be glad to pursue any complaints at your request.

*At times state and/or federal statutes require or permit the release of information without a signed release of information and to allow for emergency treatment without consent in certain circumstances. Please see the Aspire Notice of Privacy Practices.

**While Aspire strives to provide this right to all clients, it reserves the right to deny a client access to his/her record if it is the professional judgment of the client's mental health care provider that access to those records would not be in the client's best interest.

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Approved: Aspire Board of Directors 2/28/2024