

Name of Client \_\_\_\_\_

### **Client Bill of Rights**

I have the right to dignity, privacy, and humane care, including the right to be free from sexual abuse in my residence.

I have the right to practice my faith.

I have the right to receive services which protect my personal liberty and those services will be provided in the least restrictive conditions necessary to achieve the purpose of treatment.

I have the right to participate in a program to promote my educational and/or training goals without prejudice of age or disability. I have the right to sex education, marriage, and family planning when applicable.

I have the right to social interaction and participation in community activities.

I have the right to physical exercise and recreational activities.

I have the right to be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse or neglect.

I have the right to consent to or refuse treatment, subject to the provisions of s. 393.12(2)(a) or chapter 744.

I have the right to receive benefits or participate in activities which receive public funds. I have the right to vote.

I have the right to unrestricted communication; mail, telephones, visitation, personal possessions (clothing, personal effects), monies (in accordance to s.407.12. Included in my right to have personal possessions will be the access to individual storage space for my private use.

I have the right to appropriate medical and dental care.

I have the right to humane discipline.

NO treatment plan or behavior plan will be used which contain the use of noxious or painful stimuli.

My records will remain confidential.

\_\_\_\_\_  
Signature of the parent or caregiver

\_\_\_\_\_  
Date

Integrated Behavioral Health Solutions, Inc

