

SYNERGY MENTAL HEALTH SERVICES

CLIENT RIGHTS AND RESPONSIBILITIES

Client Rights.

1. To be accorded dignity in his/her personal relationship with staff and other persons.
2. To be free from corporal punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature. Including but not limited to: interference with the daily living functions, Including eating, sleeping, toileting, or withholding of shelter, clothing, medication or aids to physical functioning.
3. To be free to attend religious services or activities of his/her choice and to have visits from a spiritual advisor of his/her choice. Attendance at religious services shall be on a completely voluntary basis. Not to be locked in any room, building, or Synergy premises by day or nights.
4. Not to be placed in restraining devices unless by a trained staff in the event of an unsafe situation.
5. To actively participate in development of an individualized treatment plan; if you feel that you cannot work with your provider, you may discuss this with provider and/or supervisor.
6. To have his/her relatives or authorized representative regularly informed by Synergy Staff of activities related to care and supervision including but not limited to modifications to needs and service plan.
7. To have communications to Synergy Staff from his/her relatives or authorized representative answered promptly and completely.
8. To be informed of the treatment home's policy concerning family visits and other communication with clients. This policy shall encourage appropriate family involvement and provide opportunities for family participation in activities as deemed appropriate by staff.
9. To have visitors, including advocacy representatives, visit privately during waking hours provided such visitations are scheduled and do not infringe upon the rights of other clients, unless prohibited by court order or the authorized representative.
10. To have staff refrain from disclosing to any unauthorized persons unless by a court order or legally admissible purpose as outlined in state and federal guidelines.
11. To mail and receive unopened correspondence unless prohibited by court order of by the authorized representative.
12. To receive assistance in exercising the right to vote.
13. To receive or reject medical care or health-related services, except for those from whom legal authority has been established by a legal guardian.
14. To make a complaint concerning a violation of rights or any other matter and a right to be informed of the procedures and process for making such a complaint.
15. To be free from discrimination on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, pregnancy status, marital status, or age.

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Client Responsibilities

1. Information – providing relevant information including history and reasons for seeking treatment. Honestly and openly expressing thoughts, feelings, and needs are key to successful treatment.
2. Participation – collaborating to the extent possible in understanding problems and developing mutually agreed goals.
3. Follow through – committing to treatment and being willing to make changes. Staff will assist you in achieving your goals, but this requires your continued effort in complying with treatment recommendations.
4. Appointments – we require at least twenty-four (24) hours notice of cancellation; this allows others to use the allotted time. Continued no-shows and/or cancellations with less than 24 hours notice will lead to disruption of services.
5. Special arrangements – please inform our staff if you need any special accommodations due to a disability or special condition.
6. Childcare – please arrange for care for your children while you are receiving services.
7. Medical changes – updating staff of medical changes such as anticipated procedures, changes in medication, or changes in diagnoses is vital to staff's ability to provide appropriate care.
8. Confidentiality – maintain confidentiality of any information (including identity) about others who might be seeking treatment with Synergy. All information shared in group sessions should be kept confidential.
9. Status updates – please let us know if you change your name, address, phone number or any other information that might be relevant to your care.
10. Cancellation – if you wish to discontinue services, please inform your treatment provider or supervisor.
11. Comments – your comments and suggestions may be helpful in developing improvements to our services.
12. Payments – all payments are due at the time of treatment unless a payment plan has been approved by an administrator.
13. Courtesy – please treat staff and other clients with courtesy and respect.
14. Coordination – staff cannot communicate with other agencies involved in your care without your written consent. Your treatment provider can explain why specific communications would be beneficial to your treatment.
15. Safety – we strive to maintain a safe environment conducive to treatment. Any activity or behavior that is disruptive should be reported immediately. No weapons of any type are allowed in any Synergy location with the exception of law enforcement on official police business.

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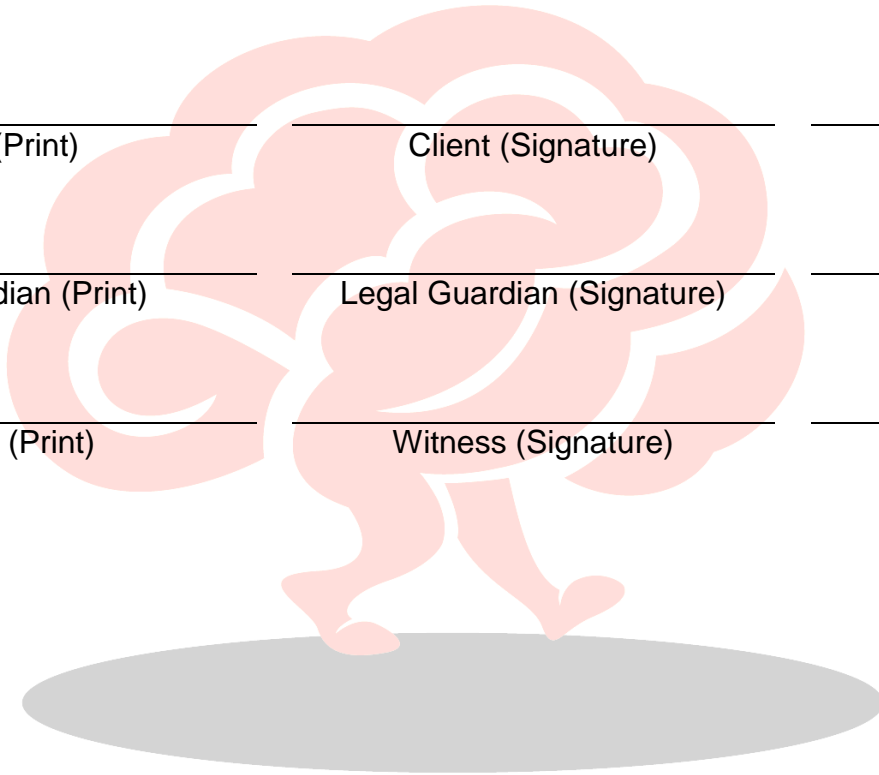
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I have received and reviewed a copy of the Client Rights and Responsibilities Agreement from Synergy Mental Health Services, Inc. I understand its content and my questions about the agreement have been answered.

_____	_____	_____
Client (Print)	Client (Signature)	Date
_____	_____	_____
Legal Guardian (Print)	Legal Guardian (Signature)	Date
_____	_____	_____
Witness (Print)	Witness (Signature)	Date



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