



ACKNOWLEDGEMENT OF CLIENT RIGHTS NOTIFICATION

Name: _____

Record No: _____ Medicaid #: _____

I have received my **Welcome Package**, which included Alberta Professional Services Handbooks and policies related to my rights as a consumer of Mental Health/Developmental Disability services. I received:

- ✓ A copy of Disability Rights North Carolina's brochure "**Do you know your rights?**" or "**Kids with disabilities have rights, too.**" Both brochures contain contact information for DRNC 1-877-235-4210
- ✓ A copy of "**My Rights**" **Handbook** that explained my basic rights, featuring clients & staff of APS
- ✓ A copy of my **program/service specific handbook** that explained to me the rules of the program/service I am entering and the possible penalties for violations of the rules. This handbook also contains the afterhours/emergency contact information for your service.
- ✓ A copy of **APS' Privacy Practices** which outlined my protections regarding disclosure of confidential information including special protections regarding HIV infection, substance abuse, psychiatric conditions and genetic testing. I was also informed of when my protected health information can be disclosed by APS without my consent.
Please sign the receipt of Privacy Practices, which will be kept in your record.
- ✓ I also understand that I have **the right to request a copy of my treatment plan**. A copy of my treatment plan can be obtained by requesting it from the agency representative responsible for my care. I understand that if I am new to the service it may take up to 30 days for a treatment plan to become available.
- ✓ In addition I have received a copy of APS' policies related to my rights.
 - **Fee Policy,**
 - **Client Grievance Policy,**
 - **Suspension and Expulsion Policy,**
 - **Search and Seizure Policy**
 - **Restrictive Intervention Policy**

For Residential Services

- ✓ I also received APS's policies related to my rights in a facility.
 - **Client Funds in Residential Services,**
 - **Protection & Storage of Client Possessions,**
 - **And Disability Rights NC's "What are My Rights in a 24-hour Facility?"**
- ✓ In residential services, I understand that I have the right to
 - **an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours,**
 - **accessible areas for personal privacy**
 - **suitably decorate my room**
 - **additional rights related to residential services as listed in my handbook**



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I agree to follow the rules and understand my rights as they have been explained to me. I understand that I may ask for help, at anytime, to ensure that I know my rights.

Client /Parent /Legal Guardian Signature Date

Agency Representative Date

ANNUAL REVIEW OF MY RIGHTS

The above listed rights, policies, and handbooks have been reviewed with me and my questions answered. I have copies of these items available to me at anytime in case I need to reference them.

2nd year of service

Client /Parent /Legal Guardian Signature Date

Agency Representative Date

3rd year of service

Client /Parent /Legal Guardian Signature Date

Agency Representative Date

This form meets these standards
Authority: 10A NCAC 27D .0201(a)-(f); 10A NCAC 27F .0102, .0103, .0104, .0105; CARF 2013 BH 1.K.1, 1.K.2