



Client Rights

Posting and Documentation of client rights

- Anything is Possible Youth & Family Services and or Grace-Full Care, LLC (AIP) will post a list of client rights in a conspicuous area accessible to all clients pursuant to A.R.S. § 36-504 (A) in both English and Spanish.
- AIP Services shall document the client's receipt of his/her client rights in the client file. The client rights will be reviewed verbally by AIP staff, and a copy of the client rights will be given to the client upon intake. The client will sign off on the client's rights acknowledging their understanding of the client rights and responsibilities.
- A client's parent, guardian, custodian, or agent (if applicable) acknowledges, in writing, receipt of the written list and verbal explanation of the client rights upon intake.
- A client who does not speak English or who has a physical or other disability will be assisted in becoming aware of client rights.

ADHS Client Rights

A client has the following rights:

1. To be treated with dignity, respect, and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's general consent; or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the client's treatment needs;
4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
5. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
6. To have grievances considered by a licensee in a fair, timely, and impartial manner;
7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
9. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights;
10. To have the client's information and records kept confidential and released only as permitted under R9-10-211(A)(3) and (B);
11. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a client receiving treatment per A.R.S. Title 36, Chapter 37;
 - c. For video recordings used for security purposes that are maintained only on a temporary basis; or
 - d. As provided in R9-10-602(A)(5);
12. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-10-211(A)(6);
13. To review the following at the agency or at the Department:
 - a. This Chapter;
 - b. The report of the most recent inspection of the premises conducted by the Department;
 - c. A plan of correction in effect as required by the Department;



If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;

14. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis situation; ,
15. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
16. To be offered or referred for the treatment specified in the client's treatment plan;
17. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
18. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to AR.S. Title 36, Chapter 5, is necessary to save the client's life or physical health, or is provided according to AR.S. § 36-512;
19. To be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by the behavioral health residential facility's personnel members, employees, volunteers or students;
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs, except as established in a fee agreement signed by the client or the client's parent, guardian, custodian, or agent;
 - m. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - iv. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
20. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan;
21. To control the client's own finances except as provided by AR.S. § 36-507(5);
22. To participate or refuse to participate in religious activities;
23. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
24. To be compensated per state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
25. To participate or refuse to participate in research or experimental treatment;



26. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment;
27. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
28. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility;

Your rights regarding your private health information

1. You have the right to confidential communications and to ask us to communicate with you about health-related issues in a way or place that is more private for you. We will work to accommodate reasonable requests.
2. You have the right to ask us to limit our disclosures to people involved in your care whether for payment, family, or other individuals. We are not required to agree to your request; however, if we do agree, we will maintain our agreement except when against the law, in an emergency, or when the information is necessary to treat you. We require the request for restriction to be submitted in writing to AIP.
3. You have the right to examine your information, such as medical or billing records (excluding psychotherapy/progress notes). You may be able to receive a copy of these records upon request to our agency and by paying a fee.
4. You have the right to ask to amend (note errors) or add information to your record; however, you must submit a written request to our Privacy Officer for review, and we can only amend or add information to your record that was generated by us.
5. You have the right to a copy of this notice. If we amend this notice, we will give you a copy.
6. You have the right to file a privacy complaint if you feel your privacy rights have been violated and can file a complaint with our Privacy Officer or the Department of Health and Human Services.
7. You have a right to a paper copy of this notice at any time and can request a copy from AIP at any time.

Change to this notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for the medical information we already have about you as well as any information we receive in the future.

Complaints

You may contact AIP or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.