



Client Rights Acknowledgment Form

Joyful Family LLC

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Client Information

Client Full Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Acknowledgment of Rights

I acknowledge that I have received, reviewed, and understand my rights as a client of [Agency Name].

These rights include, but are not limited to:

- ☐ The right to participate in decisions about my care and treatment
- ☐ The right to be treated with dignity and respect
- ☐ The right to privacy and confidentiality of my personal and health information
- ☐ The right to be informed about and refuse any treatment or service
- ☐ The right to file a complaint without fear of retaliation
- ☐ The right to receive care in a safe and secure environment
- ☐ The right to be informed about charges and receive an itemized bill upon request
- ☐ The right to be free from abuse, neglect, or exploitation
- ☐ The right to formulate advance directives

Client Understanding and Agreement

I understand that I may ask questions regarding my rights at any time and that [Agency Name] staff will assist me in understanding these rights.

I acknowledge that I have received a copy of the Client Rights Statement from [Agency Name].

Client or Authorized Representative Name: _____

Relationship to Client (if applicable): _____

Signature: _____

Date: _____

Staff Name and Title: _____

Staff Signature: _____

Date: _____