

## BEHAVIORAL HEALTH PROGRAM

### PATIENT RIGHTS

1. The right to receive Behavioral Health services without regard to sex, economic status, educational background, race, color, religion, national origin, disability, sexual orientation or marital status.
2. The right to receive services in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment by other Camino Health Center patients or Camino Health Center staff.
3. The right to confidentiality of all communications and records pertaining to your treatment. No records or information will be shared outside the agency without your expressed written permission. Please see the Informed Consent for Counseling Services for the list of exceptions to this policy. You will receive a separate “Notice of Privacy Practices” that explains your privacy rights in detail and how we may use and disclose protected health information.
4. The right to receive information about your mental health status, diagnosis, prognosis, course of treatment in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your treatment plan.
5. The right to end your participation in Behavioral Health Services. We request that you discuss this decision with your Behavioral Health Specialist. You have the right to know why your Behavioral Health Specialist may end counseling services with you.
6. The right to file a complaint or grievance regarding your treatment. Complaints can be mailed to the Privacy Officer, at Camino Health Center, 30300 Camino Capistrano San Juan Capistrano, CA 92675.

### PATIENT RESPONSIBILITIES

1. To attend counseling sessions consistently and promptly. If you are frequently late or miss appointments, we reserve the right to close your case and provide you with a list of resources. In the event that you are unable to keep your appointment, it is your responsibility to notify us as soon as possible. We ask for a 24-hour notice if you cannot come for an appointment, unless you have an unforeseen emergency.
2. It is your responsibility to provide accurate and complete information about your present symptoms, past history and other pertinent matters to the best of your knowledge.
3. To participate with your Behavioral Health Specialist in establishing the outcomes for the changes you desire. To actively engage in interventions that will serve to achieve those outcomes.
4. To be considerate of the rights of other Camino Health Center patients and the rights of Camino Health Center staff. (See Client Rights #2).

By signing this document, I acknowledge that I have read the above information and understand my rights and responsibilities.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_