Wílson Place Adult/Adolescent Substance Abuse Program

CLIENT RIGHTS

Client rights shall be protected while participating in a treatment program. Client rights shall be conspicuously posted in a public area of the facility and shall include address and phone number of the Ombudsman. Client rights include:

- A client shall not be discriminated against in determining eligibility for a treatment program
- During intake, a client shall sign a statement which specifies a client has the right to:
- Give informed consent to receive a service, to be signed by an adult, a juvenile and/or parent or guardian) in accordance with KRS 222.441;
- Have input into his/her treatment and case management plans and be informed of their content;
- Receive individualized treatment;
- File a grievance, recommendation or opinion regarding the services he receives;

Ombudsman: By Telephone: 1 (866) KYOMBUD Commonwealth Office of the Ombudsman 209 St. Clair Street Frankfort, KY 40601

Process for filing a written grievance and/or appeal of grievance outcomes shall be posted in a conspicuous location in the facility. Clients will be provided assistance with written grievances upon request.

- Give informed written consent regarding participation in a research study with the exception of a juvenile whose parent or guardian shall give informed written consent;
- Confidentiality in accordance with non-federally-assisted AODE as specified in KRS 222.271(1);
- Request a written statement of the charge for a service and be informed of the policy for the assessment and payment of fees;
- Be informed of the rules of client conduct, including the consequences for the use of alcohol and other drugs or other infractions that may result in disciplinary action or discharge;
- Be treated with consideration, respect and personal dignity;
- Review his client record in accordance with AODE policy; and
- Receive one (1) free copy of his/her client record in accordance with KRS 422.317.
- Be advised that no client information will be used for research purposes unless specific permission is obtained from the client.

If the client is restricted from exercising a client right because it is contraindicated by the client's physical or mental condition, there shall be documentation in the client record of the reason for the restriction and of the explanation given to the client.

Client Signature and Date	

Voice: 270.904.1072

Fax: 270.904.1073

1312 Westen Street Bowling Green, KY 42104