

# Client Rights and Responsibilities Policy

## Purpose

The purpose of this policy is to ensure that all clients of Rae of Hope, LLC are informed of their rights and responsibilities in accordance with Maine DHHS regulations, HIPAA Privacy Rule, the MaineCare Benefits Manual, and state and federal laws. Rae of Hope, LLC is committed to protecting the dignity, safety, privacy, and autonomy of every individual served.

## Client Rights

1. Right to Dignity and Respect – Clients have the right to be treated with courtesy, compassion, cultural sensitivity, and dignity.
2. Right to Non-Discrimination – Services will be provided without discrimination or harassment.
3. Right to Privacy and Confidentiality – Clients have the right to confidential treatment of all information.
4. Right to Informed Consent – Clients have the right to understand services, risks, and alternatives.
5. Right to Participate in Treatment Planning – Clients may participate fully in treatment decisions.
6. Right to Refuse or Discontinue Services – Clients may refuse or withdraw consent for treatment.
7. Right to Access Records – Clients may request access or corrections to their records.
8. Right to File a Complaint or Grievance – Clients may file grievances without retaliation.
9. Right to Safe and Ethical Services – Clients will receive services that meet clinical and legal standards.
10. Right to Support Persons – Clients may involve family, guardians, or advocates.

## Client Responsibilities

1. Provide Accurate Information – Clients must provide truthful information necessary for care.
2. Participate in Treatment – Clients should engage in treatment and planning.
3. Maintain Safety – Clients must refrain from unsafe or violent behavior.
4. Respect Staff and Property – Clients must treat staff and property respectfully.
5. Attend Scheduled Appointments – Clients must attend or cancel in advance.
6. Follow Agency Policies – Clients agree to abide by all Rae of Hope policies.
7. Financial Responsibilities – Clients must provide accurate insurance information and pay applicable fees.

## Distribution & Acknowledgment

All clients or guardians receive this policy upon admission. Staff will review rights and responsibilities during intake and document acknowledgment in the client record.

## Client Rights & Responsibilities Acknowledgment

I acknowledge that I have received a copy of the Client Rights and Responsibilities Policy for Rae of Hope, LLC. I understand that this document outlines my rights as a client as well as my responsibilities while participating in services.

I have been given the opportunity to ask questions about the information provided, and my questions have been answered to my satisfaction. I understand that:

- I may request clarification of any part of this policy at any time.

- I may request an additional copy of this policy at any time.

- My signature below indicates that I have received, reviewed, and understand the Client Rights and Responsibilities Policy; it does not mean that I waive any legal rights.

I understand that Rae of Hope, LLC may update these policies as required by law or agency procedure, and that I will be informed of any material changes.

By signing below, I acknowledge receipt and understanding of this policy.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

Parent/Guardian Signature (if applicable): \_\_\_\_\_

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

Staff/Witness Signature: \_\_\_\_\_

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