

**Client Rights and Responsibilities – Client Copy**  
**Clients have rights and responsibilities for their care.**

Client Rights:

1. All clients have the right to be treated fairly, with dignity, and with respect for their right to privacy.
2. All clients have the right to receive all services in a caring, non-judgmental way.
3. All clients with communication-related disabilities have the right to receive any information in a format that meets their needs.
4. All clients have the right to get services in a way that respects their culture, including interpreters for those who do not speak English.
5. All clients have the right to take part in all decisions about them, including treatment and recovery planning, and the right to refuse treatment.
6. All clients have the right to understand any treatment to which they are agreeing (“Informed Consent”).
7. All clients have the right to choose someone to help with care choices.
8. All clients have the right to get a second opinion from a provider at no cost. You can get a second opinion when you (applies to Medicaid only):
  - a. Need more information about a treatment.
  - b. Think the provider is not authorizing requested care.
9. All clients have the right to make a complaint about their care or decisions about their care they are receiving without worrying. This complaint can be against Amistad Family Services or a provider contracted with the Amistad Family Services network. The client may file a grievance with their Managed Care Organization or with the appropriate licensing board.
10. Depending on their insurance provider, all clients have the right to choose their providers from within the contracted Amistad Family Services provider network.
11. All clients shall have the right to have psychiatric advance directives (PAD). A PAD is a legal document allowing a consumer to direct his or her behavioral health treatment/ wellness management if he or she cannot make or communicate decisions about that treatment. A PAD can say which people the consumer does or does not want to make choices on his or her behalf.
12. All clients have the right to see their own mental health records based on federal and New Mexico laws and rules, and to restrict access to the records based on those laws and rules.
13. All clients have the right to ask for and get information about Amistad Family Services, including its services, its network providers, and how to access them.
14. All clients have the right not to be bothered by either side if problems come up between Amistad Family Services and its network providers.
15. All clients have the right to be free from any form of restraint or seclusion as specified in federal or state rules on the use of restraints and seclusion.

### Client Responsibilities:

1. All clients are responsible for providing, whenever possible, any information Amistad Family Services and its providers need to provide the consumer with quality care.
2. All clients are responsible for understanding their health problems and shall participate in developing mutually agreed upon treatment and recovery goals.
3. All clients are responsible for following these agreed upon treatment and recovery plans and to let providers know if changes are needed.
4. **All clients are responsible for respecting their providers by keeping, changing, or cancelling appointments instead of not showing up. Clients will be removed from their provider's schedule for excessive cancellations and/or 2 no-call, no-shows for scheduled appointments.**
5. All clients are responsible for payment at the time of service. If a balance accumulates, you will be removed from your provider's schedule until sufficient payment arrangements have been made.
6. All clients are responsible for paying a returned check fee in the event of this occurring. The client shall be responsible for the full amount of the check that was returned, as well as a mandatory \$25.00 returned check fee.

**Client Rights and Responsibilities – Office Copy**

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- 7. All clients are responsible for providing, whenever possible, any information Amistad Family Services and its providers need to provide the consumer with quality care.
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CLIENT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CLIENT / PARENT / LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLINICIAN S SIGNATURE

\_\_\_\_\_  
DATE