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## CLIENT RIGHTS & RESPONSIBILITIES

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name (completing this form): \_\_\_\_\_

### CLIENT RIGHTS

1. Be treated with respect, dignity and privacy;
2. To receive services in the least restrictive, feasible environment.
3. To be informed of available program services
4. To participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
5. Develop a plan of care and services which meets your unique needs;
6. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies or photographs.
7. The services of a certified language or sign language interpreter and written material and alternate format to accommodate disability consistent with Title VI of the Civil Rights Act;
8. Refuse any proposed treatment, consistent with the requirements in chapter 71.05 and 71.34
9. Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language age, disability, and sexual orientation;
10. Be free of any sexual exploitation or harassment;
11. Review your clinical record and be given an opportunity to make amendment or corrections.
12. Receive an explanation of all clinical recommendations, including expected effect and possible side effects;
13. Confidentially, as described in chapters 70.02, 71.05 and 71.34 RCW and regulations.
14. All research concerning consumers whose cost of care is publicly funded must be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in chapter 388-04 WAC.
15. Make an advance directive, stating your choices and preferences regarding your physical and mental health treatment if you are unable to make informed decisions;
16. As a parent of a minor patient, observe any and all ABA sessions with your child, ask questions about any intervention or procedure;
17. As a parent of a minor patient, to terminate any procedure which you might object to, such intervention will not be reinstated without your approval;
18. Receive a treatment plan and verbal explanations of our interventions in language you can understand, free of professional or academic terms and

- language not understandable to the lay person.
19. Ask for an administrative hearing if you believe that any rule in this chapter was incorrectly applied in your case.
  20. The right to be informed of the reason(s) for denial of a service
  21. The right to know the cost of services.
  22. The right to be informed of all client rights.
  23. The right to exercise any and all rights without reprisal in any form including continual.

Any client who has reason to believe that he/she has been mistreated, denied services, or discriminated against in any aspect of services because of disability may file a grievance with the Washington State Health Department:

**Health Systems Quality Assurance Complaint Intake**

P.O. Box 47857

Olympia, WA 98504-7857

**Local:** 360-236-4700

**Email:** [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

**CLIENT RESPONSIBILITIES**

1. Clients who are using the service have a responsibility to:
2. Respect as individuals everyone involved in the service.
3. Respect the rights of others including their rights to confidentiality and privacy
4. Inform staff of support needs
5. Read, understand and agree to the Parent Agreement/Contract agreement before signing
6. Honoring agreements made with CEC about services provisions and care.
7. Respect Child Enrichment Center's property.
8. Let the service know if they are not available for an appointment.
9. Ensuring that you are not under the influence of alcohol or other drugs, and/or behaving in a way which makes delivery of service difficult or dangerous
10. Act in a way which respects the rights of other clients and staff.
11. Take responsibility for the results of any decisions they make.
12. Seek a fair resolution of any complaints.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Enrichment Center Representative Signature

\_\_\_\_\_  
Date