

Client:

Date:

End Date:

Tides Family Services shall continually afford each person seeking care these rights and inform them of these rights, as appropriate, and in a manner consistent with their individual learning style.

You have the RIGHT:

- To ask questions at any time.
- To be fully informed of all written or taped records of treatment and their accessibility.
- To review your record. This must be done in the presence of your Tides worker. You may also request a copy of selected sections of your record. If you have a legal guardian, they may also review your record. (Proof of guardianship is required)
- To give or refuse permission for the agency to use aspects of your record for a presentation or for publication.
- To participate or not, in any research project without compromising your right to agency services.
- To initiate a complaint by contacting your Tides worker, your Tides worker's supervisor, or the Program Vice President.
- To be informed of the cost of services and the source of the agency's reimbursement.
- To be informed of any limits on the length of services allowed.
- To be informed of your rights by a staff member in a language and learning style you understand.
- To have your treatment record read only by individuals directly involved in your treatment or by individual monitoring the quality of services. Other individuals may read your treatment record only with your written permission, except where required by law.
- To be fully informed of your provider's qualifications, including training and credentials, years of experience and staff relationship.
- To know about your provider's treatment orientation and area of expertise, if any.
- To know you to contact in the absence of your service provider(s).
- To be informed, whenever it is necessary, to change any of the staff responsible for your care.
- To know the name of your provider's supervisor.
- To know the ethics code to which the provider adheres.
- To seek help, in the event of doubt or concern about the provider's conduct. This help may be obtained from the provider's supervisor or the Ethics Committee of the provider's professional organization. Areas of concern could include personal relationships, funds, substance abuse, etc.
- To request a change of any service provider. To do this, contact your Tides worker's supervisor or the Program Vice President who can inform you of the process for such a request. Tides will try to satisfy your request within staffing and program limitations.
- To know that your provider will respect your privacy about social media accounts that you may have (example: Facebook, Instagram, Twitter, etc.). Providers reserve the right to seek out the accounts only in the event of an emergency and/or to check on your safety.
- To be treated with respect and dignity, and to be free of any sexual abuse, exploitation, or psychological maltreatment by Tides staff. Should you feel that this right has ever been violated by any member of the staff, you may immediately contact the Tides Human Rights Officer at (401) 822-1360.
- To receive treatment, which is nondiscriminatory and sensitive to differences of race, culture, language, sex, age, gender expression, national origin, disability, creed, socioeconomic status, marital status, sexual orientation and ability to pay for services provided.

Client:

- To an individualized treatment plan designed for and with you concerning issues and/or needs.
- To be informed of the care, procedures, and treatment that you will receive, as well as the proposed discharge plans.
- To receive assistance to access the necessary resources for treatment.
- To be informed regarding all aspects of your treatment, including expectations, limitation and/or possible risks.
- To be informed about your treatment evaluation.
- To request a review of your treatment plan.
- To receive emergency treatment.
- To receive assistance in contacting the Mental Health or Child Advocate.
- To receive appropriate care and treatment, employing the least restrictive alternatives available.
- To be informed of the policies for informed consent.
- To refuse any intervention or treatment strategy, however this may result in the need to review your continued treatment at Tides.
- To be informed of the agency's obligation to seek appropriate legal alternatives to outpatient care, when necessary, in accordance with the Mental Health Law.
- To have access to the Mental Health Advocate by calling (401) 462-2003 or the Child Advocate by calling (401) 462-4300.
- To be referred for free legal assistance through Rhode Island Protection and Advocacy System, Inc., or Rhode Island Legal Services.
- To confidentiality as specified by law. (Details follow)
 - All information that you give Tides staff is treated as being confidential. Before staff may release information or obtain information about you, you must sign a form that documents the specific information you approve to be released. Your authorization is limited to the duration of your services.
 - However, there are some circumstances required by law when Tides must release information from your treatment record. Information will be released without your authorization in the following circumstances:
 - To law enforcement officers when criminal activity occurs on Tides premises or during Tides visits.
 - To a court under court order.
 - To child protective services or other law enforcement agencies when there is a reason to suspect abuse or neglect of a child.
 - To law enforcement officers and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person.
 - To the Office of Healthy Aging when there is a reason to suspect elder abuse or neglect.
 - The fact that you are receiving Tides services, as well as any relevant information concerning you may be disclosed to:
 - Agency Personnel;
 - Insurance agencies to validate an insurance claim;
 - Hospital or emergency personnel in the event of a medical or psychiatric emergency;
 - Law enforcement or public health officials when necessary to carry out their responsibilities, and when a crime has been committed on agency property or against agency staff, clients, or visitors.
 - In the event you tell us about an alcohol and/or other drug abuse problem, all information about such use is also protected under Federal Regulation 42 CFR Part 2. Under this law, written or verbal information about your alcohol and/or substance abuse issue will remain confidential except under the following circumstances:
 - Written permission from you to disclose it;

Client:

- Exchange of information between the members of your treatment team;
- When information has no client identifying material;
- When there is a Qualified Service Organization Agreement between the agency and another provider or organization;
- Medical emergency;
- Research/Audit purposes;
- Allegation of a crime on program premises or against program personnel, clients, or visitors;
- Mandatory reporting of suspected child abuse or elder abuse and neglect.

If you are HIV positive and you elect to disclose this information to TFS for inclusion in your record, then that information will also be governed by the terms set forth in RIGL 23-6-17.

If you are under 18, then your parent(s) and/or legal guardian(s) have the right to sign releases and consent forms on your behalf. Your parent(s) and/or legal guardian(s) also have the right to the information in your treatment record, even if you do not wish the information to be provided to your parent(s)/legal guardian(s). The exception to your parent(s)/legal guardian(s) right to information in your treatment record are as follows:

1. A court order specifically prohibits your parent(s)/legal guardian(s) from accessing information in your clinical record.
2. Substance abuse documented in the Tides record. The release of substance abuse documentation (42 CFR) requires the minor's signature and the parent(s)/legal guardian(s) signature on an Authorization for the Release of Confidential Information form before substance abuse documentation may be released.

You have the RESPONSIBILITY:

- To plan treatment goals and tasks with your primary service provider.
- To follow your treatment plan or pursue alternatives with your provider.
- To keep appointments or call ahead to reschedule when necessary. You may be charged for not giving notice to cancel. Lack of participation in services for 30 consecutive days may result in your case being closed or suspended from services.
- To pay your fees promptly.
- To accept support from family and friends and include them in your treatment when recommended.
- To provide all accurate information about yourself that is relative to your treatment.
- To inform your family or other significant people about your treatment when that is in your best interest.
- To be informed about your rights, your treatment and other service options.
- To evaluate agency services. Satisfaction survey forms will be available to you, and you may also be requested to evaluate specific services or programs.
- To respect the privacy of your provider by limiting the relationship to the treatment plan developed by you and your provider.
- To inform your provider or their supervisor if you wish to request a change of service provider. While you would not need to discuss all the reasons for your request, it would be helpful if you would point out what you believe the problem is so that measures can be taken to correct it.
- To be informed about your rights, your treatment, and other service options.
- To participate fully in your treatment process.
- To care about yourself.



Rights and Responsibilities

Client: