

## Statement of Patient Rights

**I understand that as a patient of VIP Community Health, I am entitled to the following rights:**

- To be treated with consideration, respect, and personal dignity.
- To receive services in the least restrictive environment.
- Freedom from the use of physical restraint or seclusion.
- To not be unlawfully discriminated against in determining my eligibility for treatment.
- To have all services and recommendations explained to me prior to giving informed consent to participate in treatment.
- To receive treatment that is individualized and best meets my needs.
- To be informed of one's own condition.
- To have input into my treatment and Recovery Support ( case management) plans and be informed of their content.
- To file a complaint, recommendation, or opinion regarding the services I receive.
- To give informed written consent before participating in any research study.
- To have information about my treatment kept confidential unless I provide written consent to share my information.
- To request a written statement of the charge for any service and be informed about the policies regarding the payment of fees.
- To be informed of the rules of patient conduct and the consequences for not complying with these rules, including what may result in being discharged from services.
- To review my patient record and receive one free copy of my patient record as in accordance with federal and state laws.
- To consult with an independent treatment specialist or legal counsel at one's own expense.
- To be informed of the reason for denial of services and/or reasons for terminating services.
- To receive voluntary detoxification from services.