



Client/Patient Rights

Client/Patient Name: _____

DOB: _____ CIS: _____ AHCCCS ID #: _____

Client Rights

Policies and Procedures

Policy: Client Rights

MHC Healthcare Patients/Clients have the right to:

1. Be treated with dignity, respect, and consideration
2. Not be subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Except as allowed in R9-10-1012(B), restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity; or
 - j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student;
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The outpatient treatment center's policy on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
4. A patient has the following rights:
 - a. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - b. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 - c. To receive privacy in treatment and care for personal needs;
 - d. To review, upon written request, the patient's own medical record according to A.R.S.

12-2293, 12-2294, and 12-2294.01;

e. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;

f. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;

g. To participate or refuse to participate in research or experimental treatment; and

h. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

i. If you are a Cenpatico Integrated member, you have the rights described above as well as the Cenpatico member Rights and Responsibilities provided to you at the time of your intake, and available on the Cenpatico website at

<https://www.cenpaticointegratedcareaz.com/members/rights---responsibilities.html>

Signature of Client

Date

Printed Name

Signature of Parent or Legal Guardian

Date

Staff Signature

Date