



## Client Bill of Rights & Responsibilities

ABA of WI, LLC believes that all client's have the right to be informed of their rights and responsibilities before the initiation of treatment/services.

### **CLIENT RIGHTS**, you have the right:

- To receive services appropriate to your needs and expect that ABA of WI staff will provide safe, professional treatment at the level of intensity needed, without unlawful restriction by reason of age, gender, sex, sexual orientation, race, creed, color, national origin, religion, disability or status with regard to public assistance.
- To have access to necessary treatment services during your scheduled treatment times and within the operating hours of ABA of WI.
- To be informed of available services and the qualifications/credentials of the staff providing these services.
- To be informed of the ownership and control of the organization.
- To be informed upon request if the organization's liability insurance will cover injuries to employees when they are in your home, and if it will cover theft or property damage that occurs while you are receiving treatment.
- To be informed of ABA of WI's, policies and procedures.

### **CLIENT CARE**, you have the right:

- To be involved in your treatment planning, including education, from admission to discharge, and to be informed in a reasonable time of anticipated termination and/or transfer of service.
- To receive reasonable continuity of care.
- To be informed of your rights and responsibilities in advance concerning treatment you will receive including any changes to the frequency of treatment/services and by whom services will be provided.
- To be informed of the nature and purpose of any assessment or treatment procedure that will be implemented, including information about the potential benefits and risks as well as who will perform the treatment.
- To be informed of treatment goals and progress updates in a timely manner.
- To receive treatment/service from staff that are qualified through education and/or experience to carry out the duties for which they are assigned.
- To be referred to other agencies and/or organizations when appropriate.

### **RESPECT AND CONFIDENTIALITY**, you have the right:

- To be treated with consideration, respect, and dignity, including the provision of privacy during treatment.
- To have your property treated with respect.
- To receive information about your treatment in a manner you can reasonably be expected to understand.
- To maintain confidentiality of your clinical records in accordance with legal requirements and to anticipate the organization will release information only with your authorization or as required by law.



- To review your clinical records and release these records to any person or organization that you designate.
- To be informed of the organization's policies and procedures for disclosure of your clinical record.

**FINANCIAL ASPECTS OF CARE**, you have the right:

- To be informed of the extent to which payment for the treatment services may be expected from Medicaid or any other payer.
- To be informed of changes not covered by Medicaid or any other payer and/or responsibility for any payment(s) that you might have to make.

**SELF-DETERMINATION**, you have the right:

- To make decisions about your treatment plan prior to and during the course of treatment.
- To refuse all or part of your treatment to the extent permitted by law and to be informed of the expected consequences of said action.
- To not participate in research or not receive experimental treatment unless you give documented voluntary informed consent.
- To participate in consideration of ethical issues that may arise in your treatment.

**COMPLAINTS**, you have the right:

- To voice complaints/grievances about treatment or care that is (or fails to be) provided, or regarding lack of respect for property without reprisal or discrimination for it and be informed of the procedure to voice complaints/grievances with the organization.

**CLIENT RESPONSIBILITIES**

**As a client of ABA of WI, you have the responsibility:**

- To provide complete and accurate information about diagnoses, disabilities, medications, other treatment/services being received and other matters pertinent to your health; any changes in address, phone, or insurance/payment information.
- To understand, participate in and follow your treatment plan.
- To keep your scheduled appointments and inform the organization when you will not be able to keep an appointment in accordance with our attendance policy. ABA of WI reserves the right to discharge clients from treatment due to lack of attendance/participation.
- To respect the privacy and confidentiality of other clients that you might encounter in our treatment center environment.
- To treat the staff with respect.
- To provide a safe environment for treatment to be given if services are provided in your home.
- To cooperate with staff and ask questions if you do not understand instruction or information given to you.
- To assist the organization with billing and/or payment issues to help with processing third party payment.
- To inform the organization of any problems or dissatisfaction with services.