

## Patient Rights and Responsibilities

**PURPOSE:** To assure basic rights of patients and to preserve independent expression and decision-making.

**AS A PATIENT, I HAVE THE RIGHT TO:**

1. the least restrictive treatment that is available and medically indicated, regardless of race, creed, sex, national origin, sexual orientation, socioeconomic status, language and religion/spiritual beliefs.
2. be treated with consideration, respect and full recognition of my dignity and individuality at all times and under all circumstances. This includes a professional relationship with all staff, free of psychological, physical, emotional abuse, neglect or humiliation. Any believed breach of ethics may be reported following grievance procedures.
3. be protected by the facility from physical, verbal and emotional abuse (including corporal punishment), physical or chemical restraint and from all forms of exploitation by GreeneStone Muskoka staff.
4. be free of any requirements to perform services ordinarily performed by staff
5. be assisted by GreeneStone Muskoka to exercise my civil rights.
6. to know the identity and professional status of individuals providing services.
7. to individualized treatment including (excluding patients in prevention programs):
  - a. an individualized treatment plan
  - b. periodic review of the treatment plan
  - c. active participation in the treatment plan including receiving sufficient information about proposed and alternative interventions and program goals to enable me to participate effectively.
8. confidentiality, within the law (see Privacy Practices)
9. to access and release (with written consent) pertinent treatment information to facilitate appropriate decision making
10. give informed consent, informed refusal or expression of choice regarding:
  - a. service delivery
  - b. release of information
  - c. concurrent services
  - d. composition of treatment team
  - e. participation in research projects
11. request a change of your primary therapist or physician

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12. voice grievances to staff, to the licensee and to outside representatives of my choice with freedom from restraint, interference, coercion, discrimination or reprisal. In addition, there will be a prompt investigation and resolution of alleged infringement of my rights (grievance/complaints) without fear of reprisal.
13. the right to appeal clinical and administrative decisions.
14. obtain from the primary therapist complete and current information concerning diagnosis (to the degree known), treatment, and any known prognosis. If there is a time that it is not clinically advisable to give such information to me, the information shall be made available to a legally authorized individual.
15. participate in decisions involving my treatment. This should include concise explanation of the condition and any proposed services. This should also include risks, alternatives and potential side effects of all medications and treatment procedures used.
16. to refuse any specific medication or procedure to the extent of the law. Should this refusal prevent the provision of appropriate care in accordance with the ethical and professional standards, the facility's relationship with me may be terminated upon reasonable notice. (Note: if you are court referred, you may be referred back to the court system).
17. to participate fully or to refuse to participate in community activities including cultural, educational, religious, community service, vocational services and recreational activities.
18. review my individual chart by requesting a copy of the chart from my primary staff. I further understand that I can request to amend my record.
19. complete explanation of the need for transfer to another facility and any continuing health care requirements following discharge.
20. request the opinion of a consultant at my expense, or to request an in-house treatment plan review at any time.
21. access or be referred to legal entities for appropriate representation.
22. access self-help and advocacy support services.
23. an itemized and detailed explanation of the total bill for services rendered when appropriate, or to a legally authorized representation.
24. wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
25. have and retain personal property which does not jeopardize the safety of the patient or other patients or staff and have such property treated with respect.
26. converse privately, have convenient and reasonable access to the telephone, email and mail, and to see visitors, unless denial is necessary for treatment and the reasons are documented in the patient's treatment plan.

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## I HAVE THE RESPONSIBILITY FOR:

1. providing, to the best of my knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to my health. I must also report unexpected changes in my condition to the responsible program staff.
2. making it known whether or not I clearly understand a contemplated course of treatment or prevention curriculum and expectations.
3. following the treatment plan recommended including completing my agreed upon goals before successful completion of the program.
4. keeping appointments and for notifying the proper persons if unable to do so. I understand that I am responsible to make up any missed sessions excused or not excused.
5. am responsible for my own actions and for the consequences of my actions.
6. provide urine samples for the purposes of laboratory analysis upon request of clinical staff or according to court ordered agreement. I understand that the results of these tests will be incorporated into my medical record.
7. assuring that the financial obligations of my care are fulfilled as soon as possible. If I have an approved insurance company, I am responsible for co-payment. If I do not have coverage, a payment agreement will be devised.
8. following facility rules affecting my care, conduct and safety (including non-violent behavior, abstinence from drugs and/or alcohol, outside meeting attendance).
9. for being considerate of the rights of others and for assisting in the control of noise and regarding the no smoking policy. I will be aware of my safety and the safety of others with regard to not bringing on campus any contraband, weapons or other dangerous items
10. to attend Self Help meetings, religious services, as defined by my treatment plan and/or level of earned privilege.

I have read these forms or had them explained to me and I understand their contents. I have been offered a copy of these forms.

Signed by: \_\_\_\_\_ on this date: \_\_\_\_\_

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Witnessed by: \_\_\_\_\_ on this date: \_\_\_\_\_