

FAMILY GUIDANCE CENTER OF WARREN COUNTY
SUBSTANCE ABUSE TREATMENT
CLIENT RIGHTS AND RESPONSIBILITIES

Now that you have been accepted for treatment at the Family Guidance Center, you are being given this written statement of your rights and responsibilities as a client. When you receive outpatient substance abuse services in the state of New Jersey, your rights are guaranteed by the laws of the state of New Jersey and of the United States. Certain rights cannot be limited. Other rights may be limited by statute, regulation, court decision or for treatment appropriate to your condition. You may not be deprived of any of your rights as a citizen simply because you are receiving treatment at an outpatient substance abuse facility.

You have the **RIGHT** to:

1. To be informed of these rights.
2. To be notified of any rules or policies established governing client conduct in the Family Guidance Center.
3. To be informed of clinical services available in this program, names and professional status of staff providing and/or responsible for client care, and fees and related charges.
4. To be informed if any other healthcare and educational institutions are authorized to participate in your treatment and the right to refuse to allow that participation.
5. To receive an explanation of your medical/health condition or diagnosis, recommended treatment, treatment options including the option of no treatment, risks of treatment, and expected results in terms that you may understand. If this information is deemed to be detrimental to the client health or if the client is not capable of understanding information, the information will be provided to a family member, legal guardian or significant other. All consents to release information shall be signed by client or a legally authorized representative. Release of information to a family member or legal representative along with a reason for not informing the client directly shall be documented in the clinical record.
6. To participate in the planning of your treatment and to refuse medication and/or treatment.
7. To participate in experimental research only when client gives informed written consent or when a guardian or legally authorized representative give such consent for incompetent client in accordance with laws, rules, and regulations. The Family Guidance Center does not conduct experimental research.
8. To voice grievances or recommend change in policies and services to the program staff, the governing authority, and/or outside representatives of your choice either individually or as a group, free from restraint, interference, coercion, discrimination, or reprisal.
9. To be free from mental and physical abuse, exploitation, and from use of restraints. A client's ordered medication shall not be withheld for failure to comply with facility rules or procedures unless the decision is made to terminate the client in accordance with program policies and applicable laws and regulations. Medications may only be withheld when medical staff determines that such action is medically indicated.
10. To confidential treatment of information about the client. Information in the client's clinical record shall not be released to anyone outside the program without the client's written approval to release information in accordance with applicable laws and regulations.
11. To be treated with courtesy, consideration, respect, and with a recognition of your dignity, individuality, and right to privacy, including, but not limited to auditory and visual privacy.
12. To exercise civil and religious liberties including the right to independent personal decisions.
13. You cannot be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing), or ability to pay; or to be deprived of any constitutional civil and/or legal rights
14. To not be discriminated against for taking medications as prescribed.
15. To be transferred or discharged only for medical reasons, for the clients welfare, that of other clients or staff upon the written order of a physician or licensed clinician, or for failure to pay required fees as agreed upon at time of admission. Transfers and discharges and the reasons therefore shall be documented in the clinical record. If the transfer or discharge on a nonemergency basis as planned by the outpatient substance abuse treatment program, the client and his or her family shall be given at least 10 days advance notice of some transfer or discharge except as otherwise provided for N.J.A.C 10:161B-6.4 (c).
16. To be notified in writing, and to have an opportunity to appeal an involuntary discharge.
17. To have access to and obtain a copy of his or her clinical record, in accordance with the program policies and procedures and applicable Federal and State laws.

You have the **RESPONSIBILITY** to:

1. Take an active role in your treatment;
2. Pay your fee at the time of your visit; (for outstanding accounts, the Center has the right to withhold treatment until payment is made);
3. Consumers are required to attend their scheduled appointments with counseling and medical staff in order to continue to participate in individual sessions with their clinician or medical staff practitioner. Consumers who are unable to keep their scheduled appointments will still be eligible to receive services but instead of participating in individual sessions they will be participating in group sessions. Consumers will be transferred to a group if they do not show up for more than 1 out of 6 scheduled appointments with counseling or medical staff OR if they cancel more than 2 out of 8 scheduled appointments with counseling or medical staff.

4. Consumers who cancel a scheduled appointment must notify the Agency at least 24 hours in advance of the appointment or be responsible for payment for the missed appointment (after hours, messages may be left on the phone answering service);
5. Report any incidents of communicable or contagious diseases or insect infestation (i.e. bed bugs, head lice, fleas) to your primary therapist or doctor at Family Guidance Center;
6. Abide by our No-Smoking policy;
7. Take care of your own child care needs;
8. Refrain from participation in any violent act or threat of violence toward any other individual. (This may result in removal from the Center.)

If you believe your rights have been violated, you may present a complaint either verbally or in writing to:

1. Your therapist, doctor or other member of your treatment team;
2. The coordinator of the program in which you are receiving treatment;
3. The ombudsperson for the Center:
 Mr. Jeffrey Greenfield
 Family Guidance Center
 492 Rt. 57 West
 Washington, NJ 07882 (908) 835-3350, ext. 3618
4. The Executive Director of the Center:
 Ms. Michele Eichorn
 Family Guidance Center
 492 Rt. 57 West
 Washington, NJ 07882 (908) 689-1000

Complaints will be reviewed and appropriate actions will be taken to resolve the problem or the conflict. If you are not satisfied with the result of the review, you may contact the County Substance Abuse Coordinator:

Ms. Laura Richter
 Warren County Department of Human Services
 1 Shotwell Drive
 Belvidere, NJ 07823 (908) 475-6331

There are a variety of advocacy organizations that are available to you as well. These are as follows:

1. For legal concerns:
 Warren County Legal Services
 91 Front Street
 PO Box 65
 Belvidere, NJ 07823 (908) 475-2010
2. For substance abuse concerns:
 NJ Division of Mental Health and Addiction Services, Central Region
 50 East State Street
 PO Box 727
 Trenton, NJ 08625 (800) 712-1868
3. For child abuse or neglect:
 Division of Child Protection and Permanency
 415 E Washington Avenue
 Washington, NJ 07882
 (877) 652-2873 or (908)689-7000
 NJ Division of Child Protection and Permanency
 50 East State Street P.O. Box 717
 Trenton, NJ 08625
 (877) 652-2873 (877-NJ ABUSE)
4. For adult abuse or neglect:
 Adult Protective Services
 Division of Senior Services
 Wayne Dumont Building
 165 Route 519
 Belvidere, NJ 07823
 (908) 475-6301
 New Jersey Protection and Advocacy
 210 S. Broad Street – Third Floor
 Trenton, NJ 08608
 (800) 922-7233 or (609) 292-9742
5. For mental health consumer advocacy:
 NJ Protection and Advocacy, Inc.
 210 South Broad Street
 Third Floor
 Trenton, NJ 08608 (800) 922-7233 or (609) 292-9742

