

Client Rights and Responsibilities

Supporting our Partnership in your Recovery Journey

- You have the **right** to expect confidentiality. You have the **responsibility** to respect and maintain the confidentiality of others.
- You have the **right** to a respectful environment. You have the **responsibility** to be respectful of others (e.g. in the waiting room, turning off cell phones).
- You have the **right** to a clean and tidy environment. You have the **responsibility** to use garbage receptacles and maintain the order of the waiting area.
- You have the **right** to an atmosphere free from remarks or actions that could be interpreted as discriminatory. You have the **responsibility** to refrain from making any remarks or gestures that could be interpreted as being discriminatory.
- You have the **right** to a safe, professional environment. You have the **responsibility** to refrain from physical or verbal aggression toward others. Inappropriate behavior or failure to maintain these standards will result in the cancellation of the current appointment.
- You have the **right** to an appointment for service that occurs in a prompt and timely manner. You have the **responsibility** to show up on time, or ensure you give enough notice if you are unable to attend.
- You have the **right** to receive service which supports you to successfully manage your own health and care, and make informed decisions: person-centred care. You have the **responsibility** to play an active role in your care.

- You have the **right** to ask questions, seek clarification, or address any issues of concern about our service. You have the **responsibility** to speak directly with us, in a timely manner, in order to assist us to improve our service.
- You have the **right** to a healthy environment. You have the **responsibility** to not attend the clinic while physically ill. Please be responsible to contact the clinic if you are ill/or unable to attend your scheduled appointment. You also have **the responsibility** to respect and adhere to the clinic's **scent free policy**.
- You have the **right** to choose how you live your daily life in the community, however you have the **responsibility** to refrain from attending while under the influence, such that it could interfere with your treatment.

General Guidelines

Please do not use cell phones for conversation, or sound activated games or texting in the clinic area as this can be disturbing to others.

This is a clinic committed to providing public healthcare. As such, no weapons are allowed into the clinic.

Please call ahead of time if you need to cancel your appointment. This allows us to make use of the time to meet another client's needs.

If you are late, more than 20 minutes without notice, you will have forfeited your appointment time (be determined a 'no show'), and will need to re-book another appointment.

On occasion, the clinic will loan out reading material. We expect materials to be returned in the same state as they were loaned.

On occasion, a client's therapy time may be interrupted by an urgent situation requiring the therapist's attention. We commit to notifying clients, in advance when possible, of any developing or pressing situations which may require attention and necessitate an interruption in service.

Understanding client satisfaction or dissatisfaction with our service is important to us. It allows us to focus on our strengths of service and helps shape our quality improvements in care. Please feel free to express concerns and give compliments. We have a client satisfaction survey that you might be requested to fill out; you can speak to your clinician directly and/or send a note or request a meeting with the Manager.

CAMHSPartnering for Mental Health and Addiction Wellness



CAMHS

Community Addiction and Mental Health
Services of Haldimand and Norfolk

Attachment #2

**Client Rights and Responsibilities (R&R) Policy
Acknowledgement of Receipt**

I, the undersigned client/family/caregiver, acknowledge that I/we are in receipt of a copy of the Client Rights and Responsibilities and this document has been reviewed with me/us by my/our Clinician.

Print Name - Client/Family/Caregiver

Date

Signature – Client/Family/Caregiver

Date