
Foothills Health & Wellness Center



A program of Kentucky River Foothills Development Council, Inc.

CLIENT RIGHTS POLICY

All Clients of Kentucky River Foothills Development Council's Foothills Health & Wellness Center are guaranteed the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of alternatives.
3. The right to consent to or refuse any services, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal.
4. The right to a current, written treatment plan that addresses the provision of appropriate and adequate services, as available, either directly or by refusal.
5. The right to active and informed participation in establishment, review, and reassessment of the treatment plan.
6. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state and federal statutes, unless release of information is specifically authorized by the client.
7. The right to be informed in advance of the reason(s) for discontinuation of service provision, and to be involved in planning for the consequences of that event.
8. The right to receive an explanation of the reason(s) for denial of services.
9. The right not to be discriminated against in the provision of services on the basis of religion, race, color, creed, sex, national origin, age, sexual orientation or disability.
10. The right to be fully informed of all rights.
11. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to services.
12. The right to be informed of my rights and protection with regards to confidentiality between the client and case manager.
13. I understand that according to KRS 620.030 my case manager has a legal and ethical obligation to report child abuse and neglect. I also understand that my case manager must report instances of threat of suicide or homicide.

I certify that I have reviewed and understand the aforementioned rights and have been given a copy of said rights for my personal records. Furthermore, I verify that I have received a copy of service complaint procedures, and fully understand my rights should I be dissatisfied with any service received or requested.

CLIENT SIGNATURE

DATE

CASE MANAGER/WITNESS

DATE

KRS 620.030-Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Kentucky State Police; the Cabinet or its designated representative; the commonwealth's attorney; by telephone or otherwise