

## CLIENT BILL OF RIGHTS

All individuals who are seeking and/or receiving services from any of our programs will be provided with effective, efficient services. Services will be directed toward health and habilitation, and will be provided in the least restrictive, community-based setting possible.

As an individual receiving services, you have the following rights:

1. To be treated with consideration and respect for human dignity.
2. To receive quality treatment within our capabilities regardless of race, religion, sex, age, ethnic background mental and/or physical disabling condition, or ability to pay.
3. To be provided confidentiality and protection from any unwarranted disclosure regarding your treatment.
4. To receive information and services in a manner that you can understand and are respectful of cultural, spiritual and personal preferences.
5. To receive individualized treatment, be involved in planning your treatment, to include family members or surrogate decision-makers in the planning and to be informed about your treatment process.
6. To be provided information about emergency and crisis resources.
7. To be involved in your discharge and aftercare planning.
8. To give or withhold your informed consent for services and participation in research.
9. To be informed verbally and/or in writing about the benefits, risks and side effects of medication prescribed for you.
10. To refuse treatment to the extent permitted by the law and to be informed about the possible consequences of your action.
11. To expect continuity of care from one service to another, should you need another service.
12. To examine and receive an explanation about the bill for your services.
13. To review your record with your counselor or case manager, to request an amendment to your record, to obtain information on disclosures of the information and to receive a copy of your record to the extent permitted by law.
14. To receive information about the staff responsible for your care, treatment or services and to request a different person to provide your services.
15. To request the opinion of a consultant at your own expense.
16. To bring an advocate to a grievance meeting.
17. You have the right to file a complaint about the care you have received. To file a grievance, you may contact:

**Seven Counties Services, Inc/Bellewood & Brooklawn (SCS/B&B) Ombudsman**  
10401 Linn Station Road, Ste. 100  
Louisville, KY 40223  
Phone: 502-587-8240  
Email: [ombudsmanSCS@sevencounties.org](mailto:ombudsmanSCS@sevencounties.org)

**Cabinet for Health and Family Services  
Office of the Ombudsman and Administrative Review**  
275 East Main Street  
Frankfort, KY 40621  
Phone: 1-800-372-2973  
Email: [CHFS.Listens@ky.gov](mailto:CHFS.Listens@ky.gov)

Seven Counties Services Inc. is accredited by The Joint Commission. If you have an unresolved complaint about safety or the quality of care you have received, you may contact The Joint Commission by sending an email to [complaint@jointcommission.org](mailto:complaint@jointcommission.org) or by calling 1 800-994-6610.

If your services are in a residential facility:

- Clients are allowed to have personal clothing and possessions and to freely use common areas in the facility with due regard for privacy, personal possession, and the rights of others.
- Clients have the right to be accorded privacy and freedom for use of bathrooms at all hours
- Clients have the right to associate and communicate privately with persons of their choice including receiving visitors at reasonable hours. If the organization restricts visitors, mail, telephone calls or other forms of communication beyond the established program rules, those restrictions are determined with the participation of the individual served and with their legal guardian or representative, documented in the clinical/case record, and reduced or eliminated as soon as those restrictions are no longer therapeutically indicated.
- Vote in a political election.