

Agape Youth Behavioral Health

Patient Rights & Responsibilities

YOU HAVE THE RIGHT:

- To be treated with consideration, respect, and full recognition of your dignity and individuality regardless of your state of mind or condition.
- To be provided with treatment without regard to race, color, birthplace, language, gender, age, religion, or disability.
- To complete privacy of your medical and financial information.
- To be informed of treatment options and/or alternative treatment methods regardless of cost or benefit coverage.
- To be informed of the risks, benefits, and consequences of treatment or non-treatment.
- To be informed of the side effects of your medication or proposed medication.
- To participate in the development of your individual treatment plan.
- To participate in all decision-making regarding your behavioral health care, including discharge or aftercare planning.
- To be provided in quality treatment by competent staff members.
- To refuse to participate partially or fully in treatment or therapeutic activities (unless participation is ordered by the court).
- To be provided treatment in the least restrictive setting that is clinically appropriate, feasible and available.
- TO be provided with a copy of your basic rights and responsibilities and to have all questions answered to your satisfaction.
- To voice complaints about your services. You can continue to receive services without fear or receiving inadequate treatment.
- To be given information about the Declaration of Mental Health Treatment, or to designate a person to make decisions using a durable power of attorney for healthcare.
- To make recommendations about your rights and responsibilities.
- To be provided with a list of available advocacy services and contact information when requested.
- To ask for and receive information about your medical records, review the records, make corrections to your medical records, and to receive copies of your medical records.
- To be provided with an interpreter or any translation services free of charge to any member who needs such services, including but not limited to, members with limited English proficiency and members who are hearing impaired.

YOU ARE RESPONSIBLE:

- To provide accurate information to your provider
- To treat health care providers/ staff with respect and dignity.
- To cancel appointments you are unable to keep.
- To follow the instructions and guidelines given by providers.
- To participate, to the degree possible, in understand your behavioral health problems and to develop mutually agreed upon treatment goals.

I have read the Rights and Responsibilities and all my questions have been answered to my satisfaction.

Parent/Guardian Signature: _____

Date: _____

Patient Signature (If over 18): _____

Date: _____

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